(5/04)

2001 UNIFORM BUSINESS REPORT (UBR) FILED Aug 07, 2001 8:00 am Secretary of State F00000004104 DOCUMENT # 1. Entity Name GLOBAL RIGHT-OF-WAY SERVICES, INC. 08-07-2001 90013 045 ***550.00 Principal Place of Business Mailing Address 1010 LAMAR. SUITE \$40 860 1010 LAMAR. SUITE SAT 860 HOUSTON TX 77002 HOUSTON TX 77002 2. Principal Place of Business 3. Mailing Address Same amar Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 76-0529182 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submix this statement for the pose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE Addition

9. This corporation is eligible to satisfy its Intangible

11. TITLE Delete Change SANFORD, JAMES NAME NAME 11823 DORRANCE LANE STREET ADDRESS STREET ADDRESS **MEADOWS TX 77477** CITY-ST-ZIP CITY-ST-ZIP TITLE VTD ☐ Delete TITLE Addition JONES, DOUGLAS G NAME NAME 526 KICKERILLO STREET ADDRESS STREET ADDRESS CITY-ST-7IP **HOUSTON TX 77079** CITY-ST-ZIP SD TITLE ☐ Delete ☐ Change Addition ZWIENER, WILLIAM F NAME 3415 BLUE CYPRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING TX 77388 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowere

SIGNATURE: