2003 FOR PROFIT CORPORATION "UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

F01000002833

1. Entity Name

LLOYD'S REGISTER QUALITY ASSURANCE, INC.



APPHUVEL

03 JUL 24 AM 10: 08

SECRETARY OF STATE

Principal Place of Business 1401 ENCLAVE PKWY SUITE 200 HOUSTON TX 77077 US		Mailing Address 1401 ENCLAVE PKWY SUITE 200 HOUSTON TX 77077 US		TALLAHASSEE. FLOR		
2. Principal Place of Business		3. Mailing Address			98510 14801 70180 (1J00 ILEI COOC	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 76-0647352	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered	Agent	
MATIONAL CORPORATE PEOPLACOLLETS. INC.			Name	Name		
NATIONAL CORPORATE RESEARCH,LTD., INC. 103 N. MERIDIAN STREET			Street Addre	ess (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-0000						
			City	FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
	ions of registered agent.					
SIGNATURE						
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	: Registered Agent signature req	quired when reinstating) DATE		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND [DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	P ATUI	☐ Delete	TITLE	60002176323	Change Addition	
NAME STREET ADDRESS	Puri, atul 1401 Enclave Pkwy., suite 20	n	NAME STREET ADDRESS	6000217632 07/24/0301042008	**\$50.00	
CITY-ST-ZIP	HOUSTON TX 77077	•	CITY-ST-ZIP			
TITLÉ	S	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	GRILL, DONNA	٥	NAME			
STREET ADDRESS CITY-ST-ZIP	1401 ENCLAVE PKWY., SUITE 20 LHOUSTON TX 77077	N	STREET ADDRESS CITY-ST-ZIP		}	
TITLE	T	☐ Delete	TITLE		Change Addition	
NAME	SIMMONS, BEVERLY		NAME			
STREET ADDRESS	1401 ENCLAVE PKWY., SUITE 20	0	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77077		CITY-ST-ZIP		C Observe C Addition	
TITLE NAME	D Huber, Paul	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	1401 ENCLAVE PKWY., SUITE 20	0	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77077		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME		Į	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		LI Delete	NAME			
STREET ADDRESS			STREET ADDRESS]	
CITY-ST-ZIP			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

281-646-6220