

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003172 (4)**

1. Corporation Name

**ROAD RESCUE INCORPORATED**



Principal Place of Business: **9494 S.W. FREEWAY, SUITE 100 HOUSTON TX 77074**  
Mailing Address: **9494 S.W. FREEWAY, SUITE 100 HOUSTON TX 77074**

3. Date Incorporated or Qualified: **07/09/1993**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **76-0211807**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	HINSLEY, RAY	
STREET ADDRESS	9494 S.W. FREEWAY, SUITE 100	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HINSLEY, PATRICIA J	
STREET ADDRESS	9494 S.W. FREEWAY, SUITE 100	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HINSLEY, GEORGE R	
STREET ADDRESS	9494 S.W. FREEWAY, SUITE 100	
CITY-ST-ZIP	HOUSTON TX 77074	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEVIN M. Taweel	
1.3 STREET ADDRESS	9494 Southwest Frwy, Suite 100	
1.4 CITY-ST-ZIP	Houston, TX 77074	
2.1 TITLE	PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	R. JAMES ELLIS	
2.3 STREET ADDRESS	9494 Southwest Frwy, Suite 100	
2.4 CITY-ST-ZIP	Houston, TX 77074	
3.1 TITLE	Directors	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	See attached list	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **KEVIN M. Taweel** 4-24-96 713-771-9294  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)

2 of 2

**MR. RESCUE BOARD OF DIRECTORS**

**IRV GROUSBECK**  
**PHONE: 415-723-0709**  
**FAX: 415-725-7461**  
**STANFORD GRADUATE SCHOOL OF BUSINESS**  
**ROOM L 336**  
**STANFORD, CA. 94305-5015**

**DAVID DODSON**  
**PHONE: 508-587-8400**  
**FAX: 508-580-0450**  
**625 BODWELL ST. EXTENSION**  
**AVON, MASS. 02322**

**BILL EGAN**  
**PHONE: 617-482-8020**  
**FAX: 617-482-1944**  
**1 POST OFFICE SQUARE, STE.3800**  
**BOSTON, MASS. 02109**

**BOB OSTER**  
**PHONE: 415-854-1436**  
**FAX: 415-854-4547**  
**3000 SAND HILL RD., BLDG. 3, STE.210**  
**MENLO PARK, CA. 94025**

**JOEL PETERSON**  
**PHONE: 214-750-8200**  
**FAX: 214-750-8852**  
**5956 SHERRY LANE, STE. 1605**  
**DALLAS. TEXAS 75225**

**KEVIN M. TAWEEL**  
**PHONE: 713-784-7264**  
**FAX: 713-988-7553**  
**1231 WOOD HOLLOW # 12303**  
**HOUSTON, TEXAS 77057**

**R. JAMES ELLIS**  
**PHONE: 415-929-8839**  
**FAX: 415-929-8839**  
**2201 PACIFIC AVE. # 306**  
**SAN FRANCISCO, CA. 94115**