

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001740 (7)**

1. Corporation Name  
**SCURLOCK PERMAN CORPORATION**



Principal Place of Business <b>3 ALLEN CENTER                  333 CLAY ST.                  HOUSTON TX 77210</b>	Mailing Address <b>PO BOX 4648                  HOUSTON TX 77210</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/08/1996</b>	
21		26		4. FEI Number <b>75-0908366</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code
				<b>FL</b>	

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, LAUREN L</b>	1.2 NAME	<b>Madro, Walter J.</b>
STREET ADDRESS	<b>333 CLAY ST.</b>	1.3 STREET ADDRESS	<b>Three Allen Center</b>
CITY-ST-ZIP	<b>HOUSTON TX 77210</b>	1.4 CITY-ST-ZIP	<b>333 Clay St. Houston, TX 77002</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADLEY, JOHN D</b>	2.2 NAME	
STREET ADDRESS	<b>333 CLAY ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77210</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COE, EDWARD D</b>	3.2 NAME	
STREET ADDRESS	<b>333 CLAY ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77210</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREYFUSS, LAWRENCE J</b>	4.2 NAME	
STREET ADDRESS	<b>333 CLAY ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77210</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAUSRATH, DAVID L</b>	5.2 NAME	
STREET ADDRESS	<b>1000 ASHLAND DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RUSSELL KY 77002</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LECHLER, C R</b>	6.2 NAME	<b>ASAT</b>
STREET ADDRESS	<b>333 CLAY ST.</b>	6.3 STREET ADDRESS	<b>Ellis, Charles D.</b>
CITY-ST-ZIP	<b>HOUSTON TX 77002</b>	6.4 CITY-ST-ZIP	<b>3499 Blazer Parkway</b>
			<b>Lexington KY 40512</b>

14. 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 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 *Charles D. Ellis* Charles D. Ellis 2-3-98 (606) 357-7484

CP2E034 (10/97)