2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am DOCUMENT # F9600003010 1. Entity Name **Secretary of State** TOWER PERFORMANCE OF TEXAS, INC. 02-08-2000 90174 007 ***150.00 Mailing Address Principal Place of Business 23 VREELAND ROAD 4031 BROADWAY FLORHAM PARK NJ 07932-1510 HOUSTON TX 77087 PPP010UU lus 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 74-1689485 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE NAME DEPALMA, ANTHONY NAME STREET ADDRESS STREET ADDRESS 23 VREELAND ROAD CITY-ST-ZIP CITY-ST-ZIP FLORHAM PARK NJ 07932 ☐ Addition ☐ Change DST ☐ Delete TITLE TITLE NAME LATTANZIO, JOSEPH NAME STREET ADDRESS STREET ADORESS 23 VREELAND ROAD CITY-ST-ZIP CITY-ST-ZIP FLORHAM PARK NJ 07932 ☐ Addition ☐ Change ☐ Delete TITLE TITLE FOSTER, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 4031 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77087** ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empowered.

SIGNATURE:

