


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 03, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # F97000003648</b> 1. Entity Name RIMKUS CONSULTING GROUP, INC.	
---	---

Principal Place of Business EIGHT GREENWAY PLAZA, SUITE 500 HOUSTON, TX 77046	Mailing Address EIGHT GREENWAY PLAZA, SUITE 500 HOUSTON, TX 77046
---	---



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0163936	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
--

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U000000152674  
05/04/04-80095-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CULBERSON, S.F. 29 FOXHALL CRESCENT SUGAR LAND, TX 77479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD MARKHAM, G W 9202 MARKHAM RD MANVEL, TX 77578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAHAM, R.S. 10010 BRIAR DR HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, CURTIS 13503 GAINESWAY CYPRESS, TX 77429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  4-27-04 713-631-3550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #