2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am 2 DOCUMENT # F98000006689 **Secretary of State** 1. Entity Name 03-14-2002 90041 049 ***150.00 JOHN CHANCE LAND SURVEYS, INC. Principal Place of Business Mailing Address 200 DULLES DRIVE 200 DULLES DRIVE LAFAYETTE LA 70506 LAFAYETTE LA 70506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 72-1431186 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) 🕴 🥙 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME RHINEHART, CHARLES G STREET ADDRESS STREET ADDRESS 200 DULLES DRIVE CITY-ST-ZIP CITY-ST-ZIF LAFAYETTE LA 70506 Change TITLE ☐ Delete TITLE ☐ Addition AS NAME NAME Butler, Donna L BELAIRE, DONNA D STREET ADDRESS STREET ADDRESS 200 DULLES DRIVE CITY-ST-ZIP CITY-ST-ZIP LAFAYETTE LA 70506 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SCHILLER, JENNIFER L. Schiller, Jenifer L = = STREET ADDRESS STREET ADDRESS 200 DULLES DRIVE CITY-ST-7IP CITY-ST-ZIP LAFAYETTE LA 70506 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME FONTENOT, SUNDRA T STREET ADDRESS STREET ADDRESS 6100 HILLCROFT SUITE 700 CITY-ST-ZIP CITY-ST-7IP HOUSTON TX 77081 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME KRAMER, G-J STREET ADDRESS STREET ADDRESS 6100 HILLCROFT SUITE 700 CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77081 ☐ Change **X** Addition 🔀 Delete TITLE TITLE Director NAME NAME BLACKER, PHILLIP Joe E Kasparek STREET ADDRESS STREET ADDRESS 6100 HILLCROFT SUITE 700 6100 Hillcroft Suite 700 CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

WIRDENIFER L

SIGNATURE:

(9/01)

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