

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000001050		
1. Entity Name CONTAINMENT SOLUTIONS SERVICES, INC.		
Principal Place of Business 1360 POST OAK BLVD., STE 2250 HOUSTON, TX 77056	Mailing Address 1360 POST OAK BLVD., STE 2250 HOUSTON, TX 77056	
2. Principal Place of Business 2400 Augusta	3. Mailing Address 2400 Augusta	
Suite, Apt. #, etc. Suite 340	Suite, Apt. #, etc. Suite 340	
City & State Houston TX	City & State Houston TX	
Zip 77057	Country USA	Zip 77057
4. FEI Number 76-0550912		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent
Name		Name
Street Address (P.O. Box Number is NOT Acceptable)		Street Address (P.O. Box Number is NOT Acceptable)
City		City
FL		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when substituting))</small>		
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P	NAME BENNETT, ROBERT B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1360 POST OAK BLVD., STE 2250	CITY-ST-ZIP HOUSTON, TX 77056	STREET ADDRESS 2400 Augusta Dr. # 340
CITY-ST-ZIP HOUSTON, TX 77056	CITY-ST-ZIP HOUSTON TX 77057	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	NAME FINDLEY, R. CLAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1360 POST OAK BLVD., STE 2250	CITY-ST-ZIP HOUSTON, TX 77056	STREET ADDRESS 2400 Augusta Dr. # 340
CITY-ST-ZIP HOUSTON, TX 77056	CITY-ST-ZIP HOUSTON TX 77057	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TCFO	NAME MAYNARD, TIMOTHY D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1360 POST OAK BLVD., STE 2250	CITY-ST-ZIP HOUSTON, TX 77056	STREET ADDRESS 2400 Augusta Dr. # 340
CITY-ST-ZIP HOUSTON, TX 77056	CITY-ST-ZIP HOUSTON TX 77057	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME SMITH, CATHY L	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1360 POST OAK BLVD., STE 2250	CITY-ST-ZIP HOUSTON, TX 77056	STREET ADDRESS 2400 Augusta Dr. # 340
CITY-ST-ZIP HOUSTON, TX 77056	CITY-ST-ZIP HOUSTON TX 77057	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS	NAME FOLEY, BRIDGET M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1360 POST OAK BLVD., STE 2250	CITY-ST-ZIP HOUSTON, TX 77056	STREET ADDRESS 2400 Augusta Dr. # 340
CITY-ST-ZIP HOUSTON, TX 77056	CITY-ST-ZIP HOUSTON TX 77057	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Bridget Foley</i>		Date: <i>4/14/03</i> Phone: <i>7136270933</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>

CR2E034 (1/02)