

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90062 027 \*\*\*150.00

**DOCUMENT # P03352**

1. Entity Name

**HOUSTON STAFFORD ELECTRIC, INC.**

Principal Place of Business

Mailing Address

10203 MULA CIRCLE  
 STAFFORD TX 77477

P.O. BOX 947  
 STAFFORD TX 77497-0947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**74-1774028**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, ROY D.</b>	
STREET ADDRESS	<b>12955 GUBBELS ROAD</b>	
CITY-ST-ZIP	<b>THOMPSONS TX 77481</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>MUELLER, BEN L.</b>	
STREET ADDRESS	<b>1103 MEADOWLARK LANE</b>	
CITY-ST-ZIP	<b>SUGAR LAND TX</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>WAGNER, JOHN S</b>	
STREET ADDRESS	<b>3831 PLEASANT VALLEY</b>	
CITY-ST-ZIP	<b>MISSOURI CITY TX</b>	
TITLE	<b>VTSC</b>	<input type="checkbox"/> Delete
NAME	<b>WILKS, WILLIAM E.</b>	
STREET ADDRESS	<b>2426 WEATHERFORD DR.</b>	
CITY-ST-ZIP	<b>PEARLAND TX 77584</b>	
TITLE	<b>VPGM</b>	<input type="checkbox"/> Delete
NAME	<b>PASCHAL III, JOHN W.D.</b>	
STREET ADDRESS	<b>1515 QUIET TRAIL</b>	
CITY-ST-ZIP	<b>SUGAR LAND TX 77479</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>POLLOCK, JON</b>	
STREET ADDRESS	<b>518 PINE SHADOWS</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD A. NIX</b>	
STREET ADDRESS	<b>1722 LAKEBEND</b>	
CITY-ST-ZIP	<b>SUGAR LAND, TX 77478</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* VP

*2/21/00*

*281 498-2112*

CR2FR34 (9/99)