

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortherm  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 95 JUL 19 AM 10:50  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # P23115 (9)**  
 1. Corporation Name  
**HOUSTON MCLANE COMPANY, INC.**

Principal Place of Business Mailing Address  
**8400 KIRBY DRIVE 8400 KIRBY DRIVE**  
**HOUSTON TX 77054 HOUSTON TX 77054**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/23/1989	10/25/1994
22		27		4. FEI Number	Applied For
23		28		74-2051157	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLANE, DRAYTON JR.	1.2 NAME	
STREET ADDRESS	8400 KIRBY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAREN, ROBERT S	2.2 NAME	
STREET ADDRESS	8400 KIRBY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYND, FRANK B	3.2 NAME	
STREET ADDRESS	8400 KIRBY DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKNEY, WEBSTER	4.2 NAME	Vice President / Treasurer
STREET ADDRESS	8400 KIRBY DRIVE	4.3 STREET ADDRESS	Stickney, Webster
CITY - ST - ZIP	HOUSTON TX	4.4 CITY - ST - ZIP	8400 Kirby Drive
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, G W JR.	5.2 NAME	delete
STREET ADDRESS	8400 KIRBY DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Mclane **6-30-95** **713-799-9799**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Year

CR2E034 (3/95)