

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 472009 (0)**  
1. Corporation Name  
**RHI HOLDINGS, INC.**



Principal Place of Business <b>5301 HOLLISTER SUITE 120 HOUSTON TX 77040</b>	Mailing Address <b>5301 HOLLISTER SUITE 120 HOUSTON TX 77040-8132</b>
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<b>3. Date Incorporated or Qualified</b> 03/17/1975	<b>3a. Date of Last Report</b> 10/16/1996
<b>4. FEI Number</b> 59-1729149	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> 600 TRAVIS Suite, Apt. #, etc. <b>22</b> Suite 2100 City & State <b>23</b> HOUSTON TEXAS Zip <b>24</b> 77002 <b>25</b> USA	<b>26</b> 600 TRAVIS Suite, Apt. #, etc. <b>27</b> SUITE 2100 City & State <b>28</b> HOUSTON TEXAS Zip <b>29</b> 77002 <b>30</b> USA

**9. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

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

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REEDER, WAYNE	
STREET ADDRESS	5301 HOLLISTER SUITE 120	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	Mr. Ben Floyd	
<b>1.3</b> STREET ADDRESS	600 TRAVIS, SUITE 2100	
<b>1.4</b> CITY-ST-ZIP	HOUSTON, TEXAS 77002	
<b>2.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY-ST-ZIP		
<b>3.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME		
<b>3.3</b> STREET ADDRESS		
<b>3.4</b> CITY-ST-ZIP		
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY-ST-ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> CITY-ST-ZIP		

**14. I do 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 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 in the attachment with an address.**

**SIGNATURE:** *[Handwritten Signature]* **TRUSTEE** **1-27-97** **(713) 222-5503**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (IF OFFICER OR DIRECTOR) \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)