

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **551510** (1)
1. Corporation Name
KLEIN, BURY & ASSOCIATES, INC.

Principal Place of Business
**44 WEST FLAGLER ST.
SUITE 675
MIAMI FL 33130**

Mailing Address
**1001 FANNIN
SUITE 650
HOUSTON TX 77002
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1977	
4. FEI Number 59-1779907	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent SHANK-KLEIN, MARINA 44 WEST FLAGLER STREET, SUITE 675-A MIAMI FL 33130		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	P/D
NAME	KLEIN, MICHAEL A.	1.2 NAME	
STREET ADDRESS	44 WEST FLAGLER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	CCEO	2.1 TITLE	
NAME	LOONEY, RICHARD O	2.2 NAME	
STREET ADDRESS	1001 FANNIN, SUITE 650	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	KAHLE, G. KENT	3.2 NAME	
STREET ADDRESS	1001 FANNIN, SUITE 650	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP/CFO/T/S/D
NAME		4.2 NAME	Tusa, David P.
STREET ADDRESS		4.3 STREET ADDRESS	1001 Fannin, Suite 650
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Houston, TX
TITLE		5.1 TITLE	VP/Controller/Asst. Sec.
NAME		5.2 NAME	Creasman, Scott R.
STREET ADDRESS		5.3 STREET ADDRESS	1001 Fannin, Suite 650
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Houston, TX
TITLE		6.1 TITLE	Asst. Sec.
NAME		6.2 NAME	Bivins, DeJuana A.
STREET ADDRESS		6.3 STREET ADDRESS	1001 Fannin, Suite 650
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Houston, TX

14. 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 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:  Scott R. Creasman 2-2-98 713/653-7133

CR2E034 (10/97)