

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90042 017 ***150.00

DOCUMENT # 607313
 1. Entity Name
COILTRONICS, INC.

Principal Place of Business 600 TRAVIS STE 5800 HOUSTON TX 77002 US	Mailing Address P O BOX 4446 HOUSTON TX 77210-4446 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1882393	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	P	<input type="checkbox"/> Delete
NAME	MCHONE, BARRY C	
STREET ADDRESS	114 OLD STATE ROAD	
CITY-ST-ZIP	ELLISVILLE MO 53021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AMMERMAN, RANDALL B	
STREET ADDRESS	17603 MANTANA COURT	
CITY-ST-ZIP	SPRING TX 77388	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLEDGE, DAVID J	
STREET ADDRESS	600 TRAVIS, SUITE 5800	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	T	<input type="checkbox"/> Delete
NAME	HILL, ALAN J	
STREET ADDRESS	600 TRAVIS, SUITE 5800	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	AT	<input type="checkbox"/> Delete
NAME	KOLE, STEPHEN M	
STREET ADDRESS	600 TRAVIS, SUITE 5800	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	SEE ATTACHED LIST	
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		
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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 like empowered.

SIGNATURE: David J. Elledge **David J. Elledge, Vice President (713) 209-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/20/00 Date Daytime Phone #