## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT #627078** FILED 1. Entity Name CAM-JO INC. OCT 11 AM 8:38 Principal Place of Business Mailing Address SECRETARY UP LIATE TALLAHASSEE, FLORIDA SUITE 500, ONE RIVERWAY SUITE 500, ONE RIVERWAY HOUSTON, TX 77056 HOUSTON, TX 77056 2. Principal Place of Business 160 S. Route 17 North 160 S. Route 17 North Suite, Apt. #, etc. 10082004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number Paramus, New Jersey Paramus, New Jersey 59-1922074 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 07<u>652</u> 07652 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code FL 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. It am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Director, Vice Pres. Sec Treas 

Change TITLE D TITLE X Addition Delete BELL, LINDA NAME Ross Kinnear STREET ADDRESS ONE RIVERWAY, SUITE 500 STREET ADDRESS 160 S. Route 17 North HOUSTON, TX 77056 CITY-ST-ZIP CITY-ST-ZIP Paramus, NJ 07652 DT XX Delete TITLE TITLE Change ☐ Addition YOUNG, DAVID NAME NAME STREET ADDRESS ONE RIVERWAY, SUITE 500 STREET ADDRESS HOUSTON, TX 770561921 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 200041798732 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if charged, or on an attaphragnt with an eddress, with all other like empowered.

LOSS KINNEAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2012257521





ACCOUNT NO. : 072100000032

REFERENCE: 921478

7111512

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE: October 11, 2004

ORDER TIME : 2:17 PM

ORDER NO. : 921478-100

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans

Coach Usa

Suite 2700, C/o Jenkens &

Gilchrist 1401 Mckinney Street

Houston, TX 77010

## AMMENDED ANNUAL REPORT FILING

NAME: CAM-JO INC.

XX \_ ANNUAL REPORT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Justin Cheshire-EXT#2909

EXAMINER'S INITIALS: