

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

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # 805824 (0)**

1. Corporation Name  
**N L INDUSTRIES, INC.**



Principal Place of Business  
**16825 NORTHCASE DR  
 SUITE 1200  
 HOUSTON TX 77060  
 US**

Mailing Address  
**16825 NORTHCASE DR  
 SUITE 1200  
 HOUSTON TX 77060  
 US**

3. Date Incorporated or Qualified  
**09/29/1944**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number  
**13-5267260**

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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	VSG	<input type="checkbox"/> DELETE
NAME	GARTEN, DAVID	
STREET ADDRESS	16825 NORTHCASE DR SUITE 1200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SIMMONS, HAROLD C.	
STREET ADDRESS	3 LINCOLN CENTER	
CITY-ST-ZIP	DALLAS TX	
TITLE	COP	<input type="checkbox"/> DELETE
NAME	MARTIN, J.L.	
STREET ADDRESS	16825 NORTHCASE DR SUITE 1200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	NEWKIRK, DENNIS	
STREET ADDRESS	16825 NORTHCASE DR SUITE 1200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALDERTON, S.E.	
STREET ADDRESS	70 E 55TH ST-11TH FLOOR-	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, G.R.	
STREET ADDRESS	3 LINCOLN CENTER	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	8 <sup>th</sup> Floor
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 the attachment with an address.

SIGNATURE: *Robert D. Gorden* 2/11/98 281-423-3300

CR2E034 (10/97)