

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90026 027 ***158.75

DOCUMENT # 813528

1. Entity Name
SAYBOLT INC.

Principal Place of Business 5295 HOLLISTER TAX DEPT HOUSTON TX 77040 US	Mailing Address 5295 HOLLISTER TAX DEP HOUSTON TX 77536-4026 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-5674470		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip 77040	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DAVIS, MONTY C	NAME	Monty L. Davis				
STREET ADDRESS	5295 HOLLISTER RD	STREET ADDRESS					
CITY-ST-ZIP	HOUSTON TX 77040	CITY-ST-ZIP					
TITLE	T <input type="checkbox"/> Delete	TITLE					
NAME	BERGMARK, RICHARD	NAME					
STREET ADDRESS	5295 HOLLISTER RD	STREET ADDRESS					
CITY-ST-ZIP	HOUSTON TX 77040	CITY-ST-ZIP					
TITLE	S <input type="checkbox"/> Delete	TITLE					
NAME	DENSON, JOHN D	NAME					
STREET ADDRESS	5295 HOLLISTER RD	STREET ADDRESS					
CITY-ST-ZIP	HOUSTON TX 77040	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE					
NAME	DEMISHUR, DAVID	NAME					
STREET ADDRESS	5295 HOLLISTER RD	STREET ADDRESS					
CITY-ST-ZIP	HOUSTON TX 77040	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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: Monty L. Davis **Monty L. Davis** 1/11/2000 713 460-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)