

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826705

1. Entity Name

MANNESMAN PIPE & STEEL CORPORATION

Principal Place of Business

Mailing Address

1990 POST OAK BLVD., SUITE 1800
HOUSTON TX 77056

1990 POST OAK BLVD., SUITE 1800
HOUSTON TX 77056-3886

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1870973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORP. SYST. INC.
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301

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

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

(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). ☐

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 PD
NAME GEORG, RUDOLF
STREET ADDRESS 1990 POST OAK BLVD #1800
CITY-ST-ZIP HOUSTON TX ☐ Delete

TITLE D
NAME Bernhard Schneider
STREET ADDRESS Wiesenstrasse 36
CITY-ST-ZIP Muelheim a.d. Ruhr, GE ☐ Change ☒ Addition

TITLE D
NAME SCHMELZER, HANS P
STREET ADDRESS MANNESMANN UFER 3
CITY-ST-ZIP DUESSELDORF GE ☒ Delete

TITLE D
NAME werner Bock
STREET ADDRESS Wiesenstrasse 36
CITY-ST-ZIP Muelheim a.d. Ruhr GE ☐ Change ☒ Addition

TITLE VSD
NAME TAYLOR, TIM A.
STREET ADDRESS 1990 POST OAK BLVD #1800
CITY-ST-ZIP HOUSTON TX ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BECKER, MANFRED
STREET ADDRESS 450 PARK AVENUE 24TH FL
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SONNGENSCHEN, MICHAEL
STREET ADDRESS MANNESMANUFER 3
CITY-ST-ZIP DUESSELDORF GE ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/00

(713) 960-1900

CR2E034 (9/99)