

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 832631 (6)

1. Corporation Name

PSG PROFESSIONAL SERVICES GROUP, INC.

Principal Place of Business

Mailing Address

**14950 HEATHROW FOREST PKY 200
HOUSTON TX 77032-3842
US**

**14950 HEATHROW FOREST PKY 200
HOUSTON TX 77032-3842
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1974

3a. Date of Last Report

04/05/1994

4. FEI Number

41-0644191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

27

City & State

City & State

24

25

Zip

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	STUMP, MICHAEL M	RT. 1, BOX 2298 N/A	NEW CANEY TX
CD	DESCHAMPS, JEAN D.	11 RUE BRACAS	SEVRES, FRANCE
V	NELSON, MICHAEL	9025 PINE ROAD	PHILADELPHIA PA
S	KNEIPP, DEBORAH C.	2606 PARKDALE	KINGWOOD TX
V	SCOTT, STEVEN R	2018 ROUND SPRINGS	KINGWOOD TX
D	BANON, JEAN CLAUDE.	52 RUE RIBERA	PARIS, FRANCE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
TREASURER	WILLIAM K. GUTENSTRATER	14950 HEATHROW FOR. PKWY #200	HOUSTON TX 77032	☐	☒
VP	JAMES D. COLUMBO	14950 HEATHROW FOR PKWY #200	HOUSTON TX 77032	☐	☒
VP	DONALD H. GRAHAM	14950 HEATHROW FOR PKWY #200	HOUSTON TX 77032	☐	☒
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered or licensed employee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or both, or on an attachment with this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95 7:3 149 1500
Date Registered Agent #