PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90053 043 ***150.00

DOCUMENT # 832631

1. Corporation Name

PSG PROFESSIONAL SERVICES GROUP, INC.

Principal Place of Business		Mailing Address				f 100401 losen rinsa rinsa non rinor rinor non mant	Athle Blass Asam	#### ##### ####	
14950 HEATHROW FOREST PWY 200 HOUSTON TX 77032-3842		14950 HEATHROW FOREST PWY 200 HOUSTON TX 77032-3842			DO NOT IMPLIE IN THE	e edace			
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			-
						07/02/1974			┨
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	-
21		26				41-0644191		lot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State				6. Election: Campaign: Financing \$5.00. May. Be Trust Fund Contribution Added to Fees			
23		28							
Zip Country		Zip	- ' — ·			8. This corporation owes the current year Intangible			
24			30			Personal Property Tax. Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM			81	Name	0 44-00	Lange (F.O. Farrellywhore in Not Associable)			-
1200	SOUTH PINE ISLAND ROAD	,		Street	Addres	ddress (P.O. Box Number is Not Acceptable)			
PLAN	ITATION FL 33324								
		84	84 City 85 Zip Code			Code	1		
11. Pursuant office or nagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State om m familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florid	i, the above horized by la Statutes	e-named the corpo	corpor oration	ation submits this statement for the purpose of s board of directors. I hereby accept the appe	ointment as r	egistered egistered	ļ
SIGNATURE		ANOTE: P	Danistaned Acad	ot nignature n	nauired V	when reinstating) DATE			١.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				it algiratul a i	oquaeo v	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	1 :
TITLE			1,1 TITLE		1.60		Change		1 :
NAME	. 525		1.2 NAME	12 NAME Th		HARVARD MILL SQUARE			
STREET ADDRESS	AACCO LICATUSONI CODCOT DUNI ACC			1.3 STREET ADDRESS 3		HARVARD MILL SQUARE			
CITY-ST-ZIP				T-ZIP	بهررا	KEFIELD, MA 01880			
TITLE			2.1 TITLE				Change	e Addition	1
NAME	**		2.2 NAME	2.2 NAME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			TADDRESS					
CITY-ST-ZIP.	The state of the s			CITY-ST-ZIP			_		
TITLE	VPS	DELETE 3.11			VPS	?	☐ Change	a Addition	T
NAME			3.2 NAME	2 NAME		itred Nelson			1
STREET ADDRESS	- · · · · · · · · · · · · · · · · · · ·			3.3 STREET ADDRESS 14		itred welson 50 Heatherow Forest Pk	24.75	172 200	
CITY-ST-ZIP			3.4. CITY-5	3.4. CITY-ST-ZIP		xon, TX 77032-3842			
TITLE			4.1 TITLE				Change	Addition	
NAME	BLACK, ROBERT 4.21								Į.
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP				T-ZIP		<u></u>			
TIFLE			5.1 TTLE				Change	Addition	
NAME	GRAHAM, DONALD		5.2 NAME						
OTDEET ADODGOO	140ED HEATHDOW EDDECT DW	N 200	5.3 STREET	T ADORESS					

WAKECIELS, 6.4 CITY-ST-ZIP BRANCHBURG NJ 08876 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 suppliemental 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 an attachment with an address with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

14950 HEATHROW FOREST PWY 200

HOUSTON TX 77032-3842

VIDAL, JOSEPH

US: HWY 22 WEST

DELETE

01880

30 HAW DON WILL SQUARE

Daytime Phone #

__ Addition