

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90005 016 \*\*\*150.00

**DOCUMENT # 833377**

1. Entity Name  
**FURMANITE AMERICA, INC.**

Principal Place of Business  
**10655 SPACE CENTER BLVD.**  
**#250**  
**HOUSTON TX 77062**  
**US**

Mailing Address  
**16055 SPACE CENTER BLVD.**  
**#250**  
**HOUSTON TX 77062**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**101 Old Underwood Rd.**

3. Mailing Address  
**2435 N. Central Expwy**

Suite, Apt. #, etc.  
**Bldg E**

Suite, Apt. #, etc.  
**Ste 700**

City & State  
**La Porte, TX**

City & State  
**Richardson, TX**

Zip  
**77571**

Country  
**USA**

Zip  
**75080**

Country  
**USA**

4. FEI Number  
**54-0940544**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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, 2002 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

TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Delete
NAME <b>LAHEY, JOSEPH P</b>	
STREET ADDRESS <b>2435 N CENTRAL EXPRESSWAY STE 700</b>	
CITY-ST-ZIP <b>RICHARDSON TX 75080</b>	
TITLE <b>VTS</b>	<input type="checkbox"/> Delete
NAME <b>WADSWORTH, HOWARD C</b>	
STREET ADDRESS <b>2435 N CENTRAL EXPRESSWAY-STE 700</b>	
CITY-ST-ZIP <b>RICHARDSON TX 75080</b>	
TITLE <b>VC</b>	<input type="checkbox"/> Delete
NAME <b>RUSSO, LOUIS</b>	
STREET ADDRESS <b>16055 SPACE CENTER BLVD STE 250</b>	
CITY-ST-ZIP <b>HOUSTON TX 77062</b>	
TITLE <b>SV</b>	<input checked="" type="checkbox"/> Delete
NAME <b>PRIEST, PAUL</b>	
STREET ADDRESS <b>16055 SPACE CENTER BLVD STE 250</b>	
CITY-ST-ZIP <b>HOUSTON TX 77062</b>	
TITLE <b>AC</b>	<input type="checkbox"/> Delete
NAME <b>BAKKE, MICHAEL R</b>	
STREET ADDRESS <b>2435 N CENTRAL EXPRESSWAY STE 250</b>	
CITY-ST-ZIP <b>RICHARDSON TX 75080</b>	
TITLE <b>AS</b>	<input type="checkbox"/> Delete
NAME <b>FANCHER, RENATA</b>	
STREET ADDRESS <b>2435 N CENTRAL EXPRESSWAY STE 700</b>	
CITY-ST-ZIP <b>RICHARDSON TX 75080</b>	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Jerry Icenhower</b>	
STREET ADDRESS <b>101 Old Underwood Rd, Bldg E</b>	
CITY-ST-ZIP <b>La Porte, TX 77571</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>Asst. Controller</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Russo, Louis</b>	
STREET ADDRESS <b>101 Old Underwood Rd, Bldg E</b>	
CITY-ST-ZIP <b>La Porte, TX 77571</b>	
TITLE <b>VP, Controller</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Stephen Western</b>	
STREET ADDRESS <b>101 Old Underwood Rd., Bldg E</b>	
CITY-ST-ZIP <b>La Porte, TX 77571</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Logsdon, Renata</b>	
STREET ADDRESS <b>Same</b>	
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:

**Renata Logsdon**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(972) 699-4044**

CR2E034 (9/01)