

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90001 022 \*\*\*150.00

**DOCUMENT # 838008**

1. Entity Name

**SAILFISH POINT, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**16825 Northchase Dr.**

3. Mailing Address

**800 Bell Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2605**

City & State  
**Houston, TX**

City & State  
**Houston, TX**

4. FEI Number  
**13-2887634**

Applied For  
Not Applicable

Zip  
**77060**

Country

Zip  
**77002**

Country

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**The Prentice Hall Corporation System Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

City  
**Tallahassee FL** Zip Code  
**32301-2525**

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director N. G. Greco 16825 Northchase Dr. Houston, TX 77060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Pres./Controllr/Director D. M. Alexander 16825 Northchase Dr. Houston, TX 77060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary S. Kishinevsky 16825 Northchase Dr. Houston, TX 77060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary S. A. Lopez 800 Bell Street Houston, TX 77002</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer/Director J. H. Wakefield 16825 Northchase Dr. Houston, TX 77060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven A. Lopez  
Assistant Secretary**

**APR 08 2002**

Date

**(713) 656-1807**

Daytime Phone #

CR2E034B (12/01)