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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 25 AM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 839111

1. Corporation Name

MRI CORPORATION

500001500875
-05/30/95--01014--010
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4265 San Felipe, Suite 900 P. O. Box 286 Houston, TX 77027	4265 San Felipe, Suite 900 P. O. Box 286 Houston, TX 77027

3. Date Incorporated or Qualified: 09/14/1977
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)

City & State (23) | City & State (28)

Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: 76-0018710 ☐ 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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. Pine Island Road
Plantation, Florida 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/C Proler, Herman 4265 San Felipe, Ste. 900 Houston, TX 77027	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Gilliland, Steven F. 4265 San Felipe, Suite 900 Houston, TX 77027	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S Loy, Michael F. 4265 San Felipe, Suite 900 Houston, TX 77027	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/AS Juengel, David 4265 San Felipe, Ste. 900 Houston, TX 77027	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Caputo, Dennis 4265 San Felipe, Ste. 900 Houston, TX 77027	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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)(i), 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 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.

SIGNATURE: David A. Juengel DAVID A. JUENGEL 5/11/95 (713)627-3737
SIGNATURE AND TYPED OR PRINTED NAME OF BEING OFFICER OR DIRECTOR — Date — Daytime Phone #