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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **840772** **(8)**

1. Corporation Name
GLITSCH FIELD SERVICES, INC.

Principal Place of Business	Mailing Address
4900 SINGLETON BLVD. PO BOX 226237 DALLAS TX 75222	4900 SINGLETON BLVD. PO BOX 226237 DALLAS TX 75222-6237

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **06/05/1978**
3a. Date of Last Report: **05/14/1996**
4. FEI Number: **75-1362607** ☐ 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 FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JANUARY, JERRY		1.2 NAME	
STREET ADDRESS	206 WILLOW WOOD PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNCANVILLE TX		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ICENHOWER, JERRY D.		2.2 NAME	
STREET ADDRESS	202 WINDY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKWALL TX		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KORNMEYER, ROBIN		3.2 NAME	
STREET ADDRESS	404 FALL CREEK DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHARDSON TX		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COUCH, WILLIAM K		4.2 NAME	
STREET ADDRESS	4900 SINGLETON BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FAUGHT, STEVE		5.2 NAME	
STREET ADDRESS	2225 DUNSTAN		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	VAN BUREN, JOHN L		6.2 NAME	
STREET ADDRESS	4900 SINGLETON BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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: W K Couch W K COUCH 1-9-97 214-583-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRESIDENT — DATE — Daytime Phone #