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FILED

Jan 23 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 # 852081 (9)

1. Corporation Name
EVT HOLDINGS, INC.



Principal Place of Business

3900 ESSEX LANE
SUITE 1200
HOUSTON TX 77027

Mailing Address

3900 ESSEX LANE
SUITE 1200
HOUSTON TX 77027-5112

3. Date Incorporated or Qualified
03/04/1982

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

4. FEI Number

95-3694169

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

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

Signature of officer or director, or of registered agent and file, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PROBERT, TIMOTHY	
STREET ADDRESS	3900 ESSEX LANE, #1200	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, FRANKLIN	
STREET ADDRESS	CHURAY, DANIEL J	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	O'DONNELL, LARRY	
STREET ADDRESS	3900 ESSEX LANE, #1200	
CITY - ST - ZIP	HOUSTON TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCKEEVER, DARLENE	
STREET ADDRESS	3900 ESSEX LANE, #1200	
CITY - ST - ZIP	HOUSTON TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, LINDA J	
STREET ADDRESS	3900 ESSEX LANE, #1200	
CITY - ST - ZIP	HOUSTON TX	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MATTSON, ERIC L.	
STREET ADDRESS	3900 ESSEX LANE, #1200	
CITY - ST - ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Dick, Matthew G.	
13 STREET ADDRESS	3900 Essex Lane, Suite 1200	
14 CITY - ST - ZIP	Houston, TX 77027	
21 TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Churay, Daniel J.	
23 STREET ADDRESS	3900 Essex Lane Suite 1200	
24 CITY - ST - ZIP	Houston, TX 77027	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Thicken, Vince	
63 STREET ADDRESS	3900 Essex Lane, Suite 1200	
64 CITY - ST - ZIP	Houston, TX 77027	

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:

Darren M. Mortham Assistant Sec. 1/9/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)