

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852081

1. Entity Name

BAKER PROCESS, INC.

Principal Place of Business

3900 ESSEX LANE
SUITE 1200
HOUSTON TX 77027

Mailing Address

3900 ESSEX LANE
SUITE 1200
HOUSTON TX 77027-5170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3694169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME DICK, MATTHEW G
STREET ADDRESS 3900 ESSEX LN, STE 1200
CITY-ST-ZIP HOUSTON TX

TITLE ☐ Change ☒ Addition
NAME Tim L. Davis
STREET ADDRESS 3900 Essex Ln, Ste 1200
CITY-ST-ZIP Houston, TX 77027

TITLE VP ☒ Delete
NAME HARRIS, JAMES
STREET ADDRESS 3900 ESSEX LN, STE 1200
CITY-ST-ZIP HOUSTON TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPAS ☐ Delete
NAME O'DONNELL, LARRY
STREET ADDRESS 3900 ESSEX LANE, #1200
CITY-ST-ZIP HOUSTON TX

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME MCKEEVER, DARLENE
STREET ADDRESS 3900 ESSEX LANE, #1200
CITY-ST-ZIP HOUSTON TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SMITH, LINDA J
STREET ADDRESS 3900 ESSEX LANE, #1200
CITY-ST-ZIP HOUSTON TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME MARSH, WILL D
STREET ADDRESS 3900 ESSEX LN, STE 1200
CITY-ST-ZIP HOUSTON TX

TITLE VPAS ☒ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-2000 (713) 439-8600

00008243



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)