## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jun 20, 2001 8:00 am Secretary of State DOCUMENT # 852081 1. Entity Name 06-20-2001 90125 028 \*\*\*550.00 BAKER PROCESS, INC. Principal Place of Business Mailing Address 3900 ESSEX LANE 3900 ESSEX LANE U0071973 **SUITE 1200** SUITE 1200 HOUSTON TX 77027 HOUSTON TX 77027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-3694169 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition DAVIS, TIM L NAME NAME 3900 ESSEX LN, STE 1200 STREET ADDRESS STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP CITY-ST-ZIP Delete De ☐ Change Addition Addition TITLE TITLE O'DONNELL, LARRY א אאסן אי אאסן אין NAME NAME 3900 ESSEX LANE, #1200 3900 ESSA LAND STE PAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-7IP HOUSEUS, TR TITLE-TILLE. ☐ Chaoge OFFICE J. CHURRY MCKEEVER, DARLENE NAME NAME 3900 ESS 6x Com 2, 5 TR. 1200 3900 ESSEX LANE, #1200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-7IP HOUSTON TX 77027 TITLE Delete TITLE Change Addition SMITH, LINDA J G. S. FINLEY NAME NAME STREET ADDRESS 3900 ESSEX LANE, #1200 STREET ADDRESS 3900 PASEXLAND, 314, 1200 CITY-ST-7IE HOUSTON TX CITY-ST-7IP HOUSTON, TX 77027 **VPAS** TITLE TITLE ☐ Change ☐ Addition \*Delete MARSH, WILL D NAME NAME 3900 ESSEX LN, STE 1200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON TX CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 the empowered.

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

**FILED**