

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 858480 (7)**  
 1. Corporation Name  
**WALTER P. MOORE AND ASSOCIATES, INC.**



Principal Place of Business 3131 EASTSIDE STREET, SECOND FLOOR HOUSTON TX 77098-1792	Mailing Address 3131 EASTSIDE STREET, SECOND FLOOR HOUSTON TX 77098-1792
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/16/1983</b>	
21	26	4. FEI Number <b>74-1554339</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TEMPLE, RICHARD 201 EAST KENNEDY BOULEVARD SUITE 300 TAMPA FL 33602-5181</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOORE, WALTER P., JR.</b>		1.2 NAME	
STREET ADDRESS <b>3131 EASTSIDE, 2ND FL</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>HOUSTON TX</b>		1.4 CITY - ST - ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRIFFIS, LAWRENCE G.</b>		2.2 NAME	
STREET ADDRESS <b>3131 EASTSIDE, 2ND FL</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>HOUSTON TX</b>		2.4 CITY - ST - ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MESSER, RAYMOND F.</b>		3.2 NAME	
STREET ADDRESS <b>3131 EASTSIDE, 2ND FLOOR</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>HOUSTON TX</b>		3.4 CITY - ST - ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRIS, MOLLY A</b>		4.2 NAME	
STREET ADDRESS <b>3131 EASTSIDE, 2ND FL</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>HOUSTON TX</b>		4.4 CITY - ST - ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAGNUSSON, TOM</b>		5.2 NAME	
STREET ADDRESS <b>3131 EASTSIDE, 2ND FL</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>HOUSTON TX</b>		5.4 CITY - ST - ZIP	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HORN, H. RICHARD JR.</b>		6.2 NAME	
STREET ADDRESS <b>3131 EASTSIDE, 2ND FL</b>		6.3 STREET ADDRESS	
CITY - ST - ZIP <b>HOUSTON TX</b>		6.4 CITY - ST - ZIP	

14. 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 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, 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: *[Signature]* 1-16-98 713-630-7300

CR2E034 (10/97)