## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 02, 2002 8:00 am Secretary of State 04-02-2002 90089 003 \*\*\*158.75

DOCU 1. Entity Nar	IMENT # 858480				04-02-2002 9006	59 003 136.75	,
}	Walter P. Moore a	nd Associates,	Inc	.\			
	DO NOT WRITE	IN THIS SP	AC	E			
2. Principal Place of Business 3131 Eastside Second Floor 3. Mailing Address 3131 Eastside			, S	econd Floo	r		
Suite, Apt. ₹, etc.		Suite, Apt, #, etc.			DO NOT WRITE IN THIS SPACE	CE	
City & State Houston, Texas		City & State Houston, Texas			4. FEI Number 74–155–4339	Applied For Not Applicable	
Zip Country . 77098 Harris		<sup>Zip</sup> 77098	Country Harris		5 Cartificate of Status Desired TX \$8.	75 Additional Required	
				Name	7. Name and Address of Current Registered Ag		
DO NOT WRITE IN THIS SPACE					Temple, Richard  ddgss (P.O. Box Number is Not Acceptable)  East Kennedy Boulevard		
			,	Suite 3			
				City Tamp	\	7ip c 802 – 5181	
8. The above	enamed entity submits this statement for the	ne purpose of changing its re	gisten	_	<del></del>		
SIGNATURE .	1				Twitton (cents alsing) DATE		
Spiroure, typed or printed nome of registorest egent and tale if applicable. (NOTE: Registored Agent suprature required w							
Fax filing requirement and elects to do so.  (See criteria on back)  After May 1,  Amended 1  Make Check Payable			, Fee i UBR i	s \$550.00 s \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. TITLE	OFFICERS AND DI	RECTORS	·nrue	·	:		ŝ
NAME: STREET ADDRESS	Messer, Raymond F.		NAAA! STRE	ET ADDRESS	,		CKZEU34B (12/01)
City-S1-ZIP	Houston, TX 77098		CITY-	ST-SIP			3
NAME STREET ADDRESS	Houston, TX 77098		NAME			ģ	5
CITY-ST-ZIP				SI-ZIP	· · · · · · · · · · · · · · · · · · ·		
title Name	Principal/Treasurer Magnusson, Thomas N.						
STREET ADDRESS	ADDRESS 3131 Eastside, Second Floor			T ADDRESS ST-ZIP	DO-NOT-WRITE		
TITLE	Harris, Molly A. 3131 Eastside, Second Floor		TITLE		IN THIS SPACE		
STREET ADORESS			SIRE	T ADDRESS ST-ZIP		}	
TITLE	nouston, IX 77078		TITLE				
NAME STREET ADDRESS	1			T ADDRESS			
CITY+ST-ZIP	•	•		ST-ZIP			
name		•	· TIPLE NAME				
STRYET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			
indicated of the cor	on this report or supplemental report is tru	ie and accurate and that my ered to execute this report a	signatı	ure shall have the s	ction 119.07(3)(i), Florida Statutes. I further certify the same legal effect as if made under path; that I am nr 17, Florida Statutes; and that my name appears in 8	officer or director	
SIGNATURE: The The Stands				<u>-</u>	1-24-02 713-63	30-7300	
	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNAL OFFICER OR	DIRECTO	DR .	Dale Daytime L	Priority #	