					FILED Sep 08, 2003 8:00 am Secretary of State 09-08-2003 90138 044 ***550.00		n 0144401 AT
Principal Plac 2715 OAK ST	e of Business REET	Mailing Address 14423 CORNERSTONE VI	LLAGE DR.				
JACKSONVILL	E FL 32205	HOUSTON TX 77014					
1 14423		3. Mailing Address	13 Cornerstone Village DR.				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	~		CHECK HERE IF MAKI	NG CHANGES	
City & Stat	e	City & State Houston	Texas		4. FEI Number 76-0308926	Applied Fo Not Applic	
Zip	Country	21p 77014	Country	.	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required	
		7. Name and Address of New Registered Agent					
C T CORI 1200 SOU PLANTATI		Name Street Address (P.O. Box Number is Not Acceptable)					
. 			City		F	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registered	d agent, or both, in the State of Florida. I a	familiar with, and acc	ept
-							
SIGNATURE .	Signature, typed or printed name of registered agent a	nd litle if applicable. (NOTE	E: Registered Agent signatu	re required w	hen reinstating) DATI	<u></u>	
F After Se Make Check			<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May B Added to Fees			
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST JACKSON JR, WILLARD L 12202 ASHLEY CIRCLE DR WES' HOUSTON TX	Delete	NAME	1321	T ard L. Jackson, JR. 1 Shermons Pond Ston TX 77041	🗹 Change 🗌 Add	CR2E034 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QURESHI, ZIA 325 CHAMPIONS COLONY III HOUSTON TX	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	🗌 Change 📄 Add	ition B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, GERALD 15915 KATY FREEWAY, STE 500 HOUSTON TX	🗋 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			🗌 Change 🔲 Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Lucey, John 600 Clubhouse Drive Pittsburgh Pa	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ `-	n an	🗋 Change 📄 Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·		🗍 Change 🗌 Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗋 Change 🔲 Add	ition
12. I hereby c indicated of the cor changed, SIGNAT	on this report or supplemental report is poration or the receiver of trustee empo or on an attachment with an address, w	this filing does not qualify for true and accurate and that n wered to execute this report in all other like empowered.	the exemption state y signature shall ha s required by Char ED	ed in Sect ive the sa oter 607, f	ion 119.07(3)(i), Florida Statutes. I further of me legal effect as if made under oath; that Florida Statutes; and that my name appear 91203281-4	vertify that the information I am an officer or direct s in Block 10 or Block 1 -140 - 5503	in or 1 if
		HATED MAINE OF SIGNING OFFICER	DR DIRECTOR		Date	Daytime Phone #	- (