

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91541 001 *2,100.00

0612605 AT

DOCUMENT # F00000001862

1. Entity Name

ENCOMPASS MANAGEMENT CO.

Principal Place of Business

**8 GREENWAY PLAZA.
 SUITE 2000
 HOUSTON TX 77046**

Mailing Address

**8 GREENWAY PLAZA.
 SUITE 2000
 HOUSTON TX 77046**

2. Principal Place of Business

3 Greenway Plaza

Suite, Apt. #, etc.

2000

City & State

Houston, TX

Zip

77046

Country

3. Mailing Address

3 Greenway Plaza

Suite, Apt. #, etc.

2000

City & State

Houston, TX

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0537923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLLAND, HENRY P 3 GREEN WAY PLAZA, SUITE 2000 HOUSTON TX 77046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MILLINOR, J. PATRICK JR. 3 GREENWAY PLAZA, SUITE 2000 HOUSTON TX 77046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACHIMIEC, CHESTER J 3 GREENWAY PLAZA, SUITE 2000 HOUSTON TX 77046 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MILLER, DARREN B 3 GREENWAY PLAZA, SUITE 2000 HOUSTON TX 77046 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO IVEY, JOSWPH M 3 GREENWAY PLAZA, SUITE 2000 HOUSTON TX 77046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MUZZY, GRAY H 3 GREENWAY PLAZA, SUITE 2000 HOUSTON TX 77046 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Todd Matherne 3 Greenway Plaza, Ste. 2000 Houston, TX 77046 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Gray H. Muzzy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-02

713-800-0100

CR2E034 (9/01)