2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # F0000003714 1. Entity Name BROWNE PENLAND MCGREGOR STEPHENS ARCHITECTS. INC 04-02-2001 90072 026 ***158.75 Principal Place of Business Mailing Address 520 POST OAK BLVD., SUITE 880 520 POST OAK BLVD., SUITE 880 HOUSTON TX 77027 HOUSTON TX 77027 2. Principal Place of Business 3. Mailing Address 520 Post Oak Boulevard 520 Post Oak_Boulevard DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 880 Suite Apt. # etc. Suite 880 Applied For City & State City & State 4. FEI Number 76-0461592 Houston, TX Not Applicable Houston, ΤX \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 77027 USA 77027 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BROWNE, CHARLES B NAME NAME 1914 DUNSTAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77005** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE PENLAND, CARL E NAME NAME 711 RIDGE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77009** Change ■ Addition TITI F TITLE ☐ Delete MCGREGOR, JAMES L JR. NAME NAME STREET ADDRESS 4402 WICKORD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUGAR LAND TX 77479 Change ☐ Addition TITLE Delete TITLE STEPHENS, ROGER L NAME NAME 8309 CEDARSPUR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77055** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

I hereby certify that the information supplied with this filling 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST- ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition