

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000005040

FILED
Feb 25, 2002 8:00 AM
Secretary of State

Entity Name: MANAGED RESPONSE INCORPORATED

Current Principal Place of Business:

3040 POST OAK BLVD., #1510
HOUSTON, TX 77056

New Principal Place of Business:

3040 POST OAK BLVD., #1240
HOUSTON, TX 77056

Current Mailing Address:

3040 POST OAK BLVD., #1510
HOUSTON, TX 77056

New Mailing Address:

3040 POST OAK BLVD., #1240
HOUSTON, TX 77056

FEI Number: 76-0550132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STALL, MICHAEL D
Address: 823 HARBOUR PLACE
City-St-Zip: SUGAR LAND, TX 77478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D STALL

MR.

02/25/2002

Electronic Signature of Signing Officer or Director

_____ Date