

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90239 015 \*\*\*\*61.25

**DOCUMENT # F00000007131**

1. Entity Name

**LLOYD'S REGISTER NORTH AMERICA, INC.**

Principal Place of Business

**15810 PARK TEN PLACE, SUITE 291  
 HOUSTON TX 77084**

Mailing Address

**15810 PARK TEN PLACE, SUITE 291  
 HOUSTON TX 77084**

**00060036**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**76-0647353**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
 1406 HAYS STREET, SUITE 2  
 TALLAHASSEE FL 32301**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **C STANSFELD, JOHN**  
 STREET ADDRESS **2103 SHADYBRIAR DRIVE**  
 CITY-ST-ZIP **HOUSTON TX 77077**

TITLE  Change  Addition  
 NAME **Director**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P BROCK, PETER**  
 STREET ADDRESS **1514 KING'S CASTLE DRIVE**  
 CITY-ST-ZIP **KATY TX 77450**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S GRILL, DONNA**  
 STREET ADDRESS **5406 BEAVER LODGE DRIVE**  
 CITY-ST-ZIP **KINGWOOD TX 77345**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T MILLS, NEIL**  
 STREET ADDRESS **20706 CHESTNUT HILLS DRIVE**  
 CITY-ST-ZIP **KATY TX 77450**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: SCOTT M. W. REQUIRED

7/19/01 281-578-7046

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CR2E037 (10/00)