2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007131

City-St-Zip:

HOUSTON, TX 77077

FILED Apr 29, 2008 Secretary of State

Entity Name: LLOYD'S REGISTER NORTH AMERICA, INC. **Current Principal Place of Business: New Principal Place of Business:** 1000 S. PINE ISLAND ROAD 1401 ENCLAVE PARKWAY SUITE 530 SUITE 200 PLANTATION, FL 33324 HOUSTON, TX 77077 **Current Mailing Address: New Mailing Address:** 1401 ENCLAVE PKWY. SUITE 200 HOUSTON, TX 77077 FEI Number: 76-0647353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HUBER, PAUL A ALLER, JOHN E Name: Name: 1401 ENCLAVE PARKWAY, SUITE 200 Address: 1401 ENCLAVE PARKWAY, SUITE 200 Address: City-St-Zip: HOUSTON, TX 77077 City-St-Zip: HOUSTON, TX 77077 Title: () Delete Title: (X) Change () Addition BROCK, PETER Name: PROTHEROE, TIM Name: Address: 1514 KING'S CASTLE DRIVE Address: 1401 ENCLAVE PARKWAY, STE 200 City-St-Zip: KATY, TX 77450 City-St-Zip: HOUSTON, TX 77077 Title: () Delete Title: () Change () Addition GRILL, DONNA Name: Name: 5406 BEAVER LODGE DRIVE Address: Address: City-St-Zip: KINGWOOD, TX 77345 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: MILLS, NEIL Name: DAVID, ARNESON W 20706 CHESTNUT HILLS DRIVE Address: Address: 1401 ENCLAVE PARKWAY, STE 200 City-St-Zip: KATY, TX 77450 City-St-Zip: HOUSTON, TX 77077 Title: VΡ () Delete Title: () Change () Addition CORBETT, DAVID Name: Name: 1401 ENCLAVE PARKWAY, SUITE 200 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TIMOTHY PROTHEROE DP 04/29/2008