

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90115 046 ****61.25

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DOCUMENT # F00000007131

1. Entity Name

LLOYD'S REGISTER NORTH AMERICA, INC.



Principal Place of Business

100 N. BISCAYNE BLVD.
SUITE 1200
MIAMI FL 33132

Mailing Address

1401 ENCLAVE PKWY.
SUITE 200
HOUSTON TX 77077

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0647353**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HUBER, PAUL A	
STREET ADDRESS	1401 ENCLAVE PARKWAY, SUITE 200	
CITY-ST-ZIP	HOUSTON TX 77077	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROCK, PETER	
STREET ADDRESS	1514 KING'S CASTLE DRIVE	
CITY-ST-ZIP	KATY TX 77450	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRILL, DONNA	
STREET ADDRESS	5406 BEAVER LODGE DRIVE	
CITY-ST-ZIP	KINGWOOD TX 77345	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLS, NEIL	
STREET ADDRESS	20706 CHESTNUT HILLS DRIVE	
CITY-ST-ZIP	KATY TX 77450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Neil Mills 06/03/03 281-675-3100

CR2E037 (10/02)