F01000001957

DOCUMENT #

1. Entity Name

BUILDING ONE COMMERCIAL, INC.							03-29-2002 91541 001 *2,100.00			
Principal Plac	e of Busines	s	Mailing Address							
3130 GRAVOIS ST. LOUIS MO 63118			3130 GRAVOIS ST. LOUIS MO 63118							
2 Principal P	Place of Rusin	nece	3. Mailing Address	<del> </del>	······································					
2. Principal Place of Business			3 breenway Plaza					til 2011) BBIBL 11010 1919	· ••••••••••••••••••••••••••••••••••••	
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 2000				DO NOT WRITE IN THIS SPACE			
City & State			City & State Houston, TX		4.	FEI Number 43-0758063	<del></del>	pplied For ot Applicable		
Zip		Country	7704Ce	Cour	ntry	5.	Certificate of Status Desired [	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent					Name	7. 1	Name and Address of New Regis	stered Agent		
CODDODATION CEDIACE COMPANY										
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street A	ddress (P.O. E	Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525							12774			
17 ED 4 B 100 EL 7 E 0 E0				City				FL Zip Coo	de	
8. The above	named entit	y submits this statement for	the purpose of changing its	s register	ed office o	r registered ag	gent, or both, in the State of Florida	i.		
SIGNATURE .	Signature, typed	for printed name of registered agent a	nd title if applicable. (NO	TE: Registere	ed Agent signat	ure required when r	einstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			I IIUSI FURA COMMIDUMON. 🗀 Added to Fees II				
Tax filing	requirement	and elects to do so.	After May 1, 20	002 Fee	will be \$	550.00	, -			
Tax filing	requirement	and elects to do so.	After May 1, 20 Make Check Paya	002 Fee	will be \$: epartmen	550.00 at of State	, -	∐ Adde	d to Fees	
Tax filing (See criter	requirement ria on back)	and elects to do so.	After May 1, 20 Make Check Paya	DO2 Fee ble to D	will be \$1 lepartmen	of State	Trust Fund Contribution.	Adde	d to Fees	
Tax filing (See criter	P ROWE, TI 3130 GRA	OFFICERS AND D	After May 1, 20 Make Check Paya DIRECTORS	DO2 Fee ble to D 12. TITL NAM STRI	will be \$1 lepartmen	t of State	Trust Fund Contribution.  DDITIONS/CHANGES TO OFFICER  A. Matherne	Adde	d to Fees	
Tax filing (See criter  11.  TITLE  NAME  STREET ADDRESS	P ROWE, TI 3130 GRA	and elects to do so.  OFFICERS AND D	After May 1, 20 Make Check Paya DIRECTORS	DO2 Fee ble to D 12. TITL NAM STRI CITY	E  ME  EET ADDRESS (-ST-ZIP  E	VT Todd Houst	Trust Fund Contribution.  DDITIONS/CHANGES TO OFFICER  A. Matherne  Chway Plaza, Son, TX 77046	Adde	d to Fees	
Tax filing (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ROWE, TI 3130 GRA ST. LOUIS VS MUZZY, G	OFFICERS AND E  WAYOIS S MO 63118  GRAY H	After May 1, 20 Make Check Paya  DIRECTORS  Delete	DO2 Fee ble to D	Will be \$: Department  E ME EET ADDRESS (-ST-ZIP  E ME	Todd  Toust  Toust  Toust	Trust Fund Contribution.  DDITIONS/CHANGES TO OFFICER  A. Matherne  Languary Plaza, Son, TX 77046	Adde RS AND DIRECTOR Change  Change Change	d to Fees	
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

HOUSTON TX 77046