

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000003398

FILED
Feb 10, 2003
Secretary of State

Entity Name: HOSPITAL HOUSEKEEPING SYSTEMS, INC.

Current Principal Place of Business:

811 BARTON SPRINGS ROAD
SUITE 300
AUSTIN, TX 78704

New Principal Place of Business:

Current Mailing Address:

811 BARTON SPRINGS ROAD
SUITE 300
AUSTIN, TX 78704

New Mailing Address:

P.O. BOX 2292
AUSTIN, TX 78768

FEI Number: 74-1919389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, ROBERT R
9550 125TH STREET NORTH
SEMINOLE, FL 33772 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: FLOYD, ROBERT R
Address: 9550 125TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: V () Delete
Name: THORNTON, ROY G
Address: 811 BARTON SPRINGS ROAD
City-St-Zip: AUSTIN, TX 78704

Title: VD () Delete
Name: SPRY, THOMAS D JR
Address: 811 BARTON SPRINGS ROAD
City-St-Zip: AUSTIN, TX 78704

Title: D () Delete
Name: SPRY, THOMAS D SR.
Address: 811 BARTON SPRINGS ROAD
City-St-Zip: AUSTIN, TX 78704

Title: D () Delete
Name: HOLMES, CRAIG S
Address: 811 BARTON SPRINGS ROAD
City-St-Zip: AUSTIN, TX 78704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CRAIG HOLMES

D

02/10/2003

Electronic Signature of Signing Officer or Director

_____ Date