


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90160 006 ***150.00

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|--|--|---|
| DOCUMENT # F01000003529 | |  |
| 1. Entity Name SHELL COMMUNITY FINANCING COMPANY | | |

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|---|--|
| Principal Place of Business 910 LOUISIANA HOUSTON, TX 77002 | Mailing Address P.O. BOX 2463 HOUSTON, TX 77252-2463 |
|---|--|

14003095



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04192005 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 76-0561633 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | |

| | |
|--|----------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HULLINGER, G.R. 910 LOUISIANA HOUSTON, TX 77002 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD G. M. COWEN 910 LOUISIANA HOUSTON, TX 77002 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V POTTER, C.K. 910 LOUISIANA HOUSTON, TX 77002 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PANCOTTI, J J 910 LOUISIANA HOUSTON, TX 77002 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NOLTE, A.M. 910 LOUISIANA HOUSTON, TX 77002 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROY, A.M. 910 LOUISIANA HOUSTON, TX 77002 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAMBOLEY, C A 910 LOUISIANA HOUSTON, TX 77002 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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:  **S. J. PAUL** **4/28/2005** **713/241-5166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14003095

F01000003529

SHELL COMMUNITY FINANCING COMPANY

DIRECTORS

| | |
|----------------|---|
| A.H. Myres | 1401 Eye St., NW, Ste. 1030 Washington, D.C. 20005 |
| K. M. Fisher | 1100 Louisiana Houston, TX 77002 |
| P.P. Thomas | 910 Louisiana Houston, TX 77002 |
| C. A. Lamboley | 910 Louisiana Houston, TX 77002 |
| G.M. Cowan | 910 Louisiana Houston, TX 77002 |

OFFICERS

| | | |
|----------------|--------------------------|------------------------------------|
| G.M. Cowan | President | 910 Louisiana Houston, TX 77002 |
| J. J. Pancotti | Vice President - Tax | 910 Louisiana Houston, TX 77002 |
| C. K. Potter | Vice President - Finance | 910 Louisiana Houston, TX 77002 |
| A.M. Roy | Secretary | 910 Louisiana Houston, TX 77002 |
| S. J. Paul | Assistant Secretary | 910 Louisiana Houston, TX 77002 |
| A.M. Nolte | Treasurer | 910 Louisiana Houston, TX 77002 |