## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 29, 2002 8:00 am Secretary of State

STANFORD VENTURE CAPITAL HOLDINGS, CAC.  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 5050 WESTHEIMER Suffe Apt. 4. etc.  City & State Thousand TX County 77 7056  County 77 7056  DO NOT WRITE IN THIS SPACE  1. FEI Number 76 - 06 19955 Not Applied F 16 Not Applied 17 Name and Address of Current Registered Agent Fee Required 18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bown, in the State of Florida.  SIGNATURE Signature, typed or princed name of registered agent and lace it is a popular to the fine of the county of the state of Florida.  11. OFFICERS AND DIRECTORS  THE MARK STREET MORRES  STREET MORRES  TITLE					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	., 0 - ~ ++++
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business	DOCUMENT # FO1000004955				05-29-2002 93598 025 ***150.00	
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business	STANFORI			_	ac.	
Suite, Apt. #, etc.  City & State HOWSTON TX  Country  Zip 77056  Country  DO NOT WRITE  IN THIS SPACE  Street Address of Current Registered Agent Name ORPORATION SERVICE CORPORATION  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  IN THE Syntame and Address of Current Registered Agent Name ORPORATION SERVICE CORPORATION  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  IN THE Syntame Information of registered agent and use if applicable.  (NOTE: Registered Agent synature required when refressing)  DATE  10. Election Campaign Financing Trust Fund Contribution.  SEQUENCE Trust Fund Contribution.  STORATURE  Syntame In The State of Florida.  Wake Check Payable to Department of State  In OFFICERS AND DIRECTORS  TILE  MAME STREET ADDRESS CITY-ST-ZP  HOUSTON TX 7056  TILE  MAME STORATOR STORESS CITY-ST-ZP  ITLE  ITLE  MAME STORATOR STORESS CITY-ST-ZP  TITLE  ITLE  ITTLE  IN THIS SPACE  DO NOT WRITE IN THIS SPACE  Additional Applied of Not Additional Fee Required  Additional Fee Required  7. Name and Address of Current Registered Agent  Not Acceptable  IN Additional Fee Required  7. Name and Address of Current Registered Agent  Name ORPH RATION SERVICE CORPORATION  SERVICE Additional Fee Required  7. Name and Address of Current Registered Agent  Name ORPH RATION  Not Additional Fee Required  7. Name and Address of Current Registered Agent  Name ORPH RATION  Name ORPH RATION  SERVICE CORPORATION  IN Additional Fee Required  7. Name and Address of Current Registered Agent  Name ORPH RATION  Name ORPH RATION  Not Additional Fee Required  7. Name and Address of Current Registered Agent  Name ORPH RATION  Name ORPH RATION  Not Additional Fee Required  1. Deletion Campaign Financing  Trust Fund Contribution.  1. Deletion Campaign Financing  Trust Fund Contribution.  1. Deletion Campaign Financing  Tru						3
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and late if applicable.  Signature typed or printed name of registered agent and late if applicable.  Note: Registered Agent, or both, in the State of Florida.  Note: Registered Agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and tate if applicable.  After May 1, Fee is \$150.00  After May 1, Fee is \$550.00  After May 1, Fee is \$550.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TILE  SIREET ADDRESS  CITY-ST-ZIP  TILE  SIREET ADDRESS  CITY-ST-ZIP  TILE  SIREET ADDRESS  SIREET ADDRESS  CITY-ST-ZIP  TILE  TILE  TILE  SIREET ADDRESS  CITY-ST-ZIP  TILE  TILE  SIREET ADDRESS  CITY-ST-ZIP  TILE  TILE  SIREET ADDRESS  CITY-ST-ZIP  TILE  TILE  TILE  SIREET ADDRESS  CITY-ST-ZIP  TILE  TIL	5050 WE	_	5050 WE	estheimer	DO NOT WRITE IN TH	HIS SPACE
The above named entity submits this statement for the purpose of changing its registered agent signature required when reinstating)  Signature. Typed or printed name of registered agent and title if applicable.  Note: Registered Agent signature required when reinstating)  Part Into corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  Signature. Typed on printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Note: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  TIT	City & State	TX	City & State	る 7天	4. FEI Number 76-0619955	Applied For Not Applicable
DO NOT WRITE  IN THIS SPACE  IN THE STREET ADDRESS  IN THE Address (P.O. Box Number is Not Acceptable)  IN THIS STREET ADDRESS  IN THIS STREET ADDRESS  IN THIS STREET ADDRESS  IN THIS STREET ADDRESS  IN THE STREET ADDRESS  IN THIS STREET ADDRESS  IN THE STREET ADDRE		Country	77056	Country		
IN THIS SPACE    J_0  HAYS STLEET				- Care.		ered Agent
SIGNATURE  Signature, typed or printed name of registered agent and liste if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  TITLE  STANFOLD  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SITURE  SITURE  SITURE  SITURE  SITURE  SITURE  SITURE  TITLE  SITURE  S				City-/AL	LAH ASSEE	FL Zip Code ユ301
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  TITLE  NAME STREET ADDRESS CITY-SI-ZIP  January 1 - May, 1 Fee Is \$150.00 After May, 1, Fee Is \$550.00 Trust Fund Contribution.  Trust Fund Contribution.  Added to Fee  \$5.00 May Added to Fee  \$5.00 May Added to Fee  \$5.00 May Added to Fee  TITLE  NAME STREET ADDRESS CITY-SI-ZIP  TITLE  \$5.00 May Added to Fee  \$5.00 May Added to Fee	,	y submits this statement for	the purpose of changing it	ts registered office or regis	stered agent, or both, in the State of Florida.	
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE  NAME  PARET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO	)TE: Registered Agent signature requ	uired when reinstating) DA	TE
TITLE  NAME  RAHLEN STANFORD  STREET ADDRESS  CITY-SI-ZIP  TITLE  S  TITLE	Tax filing requirement	and elects to do so.	After Ma Amend	y 1, Fee is \$550.00 ed UBR is \$61.25	Trust Fund Contribution.	\$5.00 May Be Added to Fees
NAME STREET ADDRESS SOSO WESTER IN E CITY-ST-ZIP HOUSTON TK 77056  TITLE  S TITLE  TITLE	11.	OFFICERS AND D	DIRECTORS			
TITLE S	NAME RITHER SOS	WESTHE I	MER.	NAME STREET ADDRESS		
STREET ADDRESS  5050 NESTHEINER  CITY-ST-ZIP  HOUSTON TY 77056  CITY-ST-ZIP	TITLE NAME STREET ADDRESS STORESS	NAA SIA	LEZ EINER 77056	NAME STREET ADDRESS		
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TITLE NAME SANNY T. BOGAR STREET ADDRESS CITY-ST-ZIP  TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP  TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS  5050	55 5050 WESTHEIMER			IN THIS SPACE	
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TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  CITY-S1-ZIP	NAME STREET ADDRESS			NAME: STREET ADDRESS		

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