

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90003 005 \*\*\*150.00

**DOCUMENT # F02000000479**

1. Entity Name  
**PIPELINE COMPONENTS, INC.**



Principal Place of Business  
**1813 LUZON ST.  
HOUSTON, TX 77009**

Mailing Address  
**1813 LUZON ST.  
HOUSTON, TX 77009**

**94004097**



**DO NOT WRITE IN THIS SPACE**

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**76-0520191**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PVC  
KARIM, BOB  
1813 LUZON ST.  
HOUSTON, TX 77009**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVT  
SAHA, STEVE  
1813 LUZON ST.  
HOUSTON, TX 77009**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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: *Ronald Hester, Controller (1/2/04)* 713-228-6200 x106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #