## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

F02000002233



**FILED** 

Mar 20, 2003 8:00 am Secretary of State 1. Entity Name 03-20-2003 90097 019 \*\*\*150.00 STRUCTURAL CONSULTANTS ASSOCIATES, INC. Principal Place of Business Mailing Address 10101 SOUTHWEST FREEWAY, SUITE 600 10101 SOUTHWEST FREEWAY, SUITE 600 HOUSTON TX 77074 HOUSTON TX 77074 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 76-0227226 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 **\$5.00** May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 1ð. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE ☐ Delete ☐ Addition CRANE, BRAD NAME 10101 SOUTHWEST FREEWAY, SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77074** CITY-ST-ZIP TITLE **VD** ☐ Delete TITLE ☐ Change ☐ Addition SHEPARD, MARK NAME NAME 10101 SOUTHWEST FREEWAY, SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77074** CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME BURNETT, WILLIAM ------NAME STREET ADDRESS 10101 SOUTHWEST FREEWAY, SUITE 600 STREET ADDRESS **HOUSTON TX 77074** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Thereby Certify that the information supplied with this lifting does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. This lifting control indicated on this report or supplied entire 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 true all other like empowered.

Vice Preside 3/17/0713-779-7252