


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91065 015 ***150.00

DOCUMENT # F03000000231 1. Entity Name ALLMET GP, INC.			
Principal Place of Business THREE RIVERWAY, STE. 600 HOUSTON, TX 77056		Mailing Address THREE RIVERWAY, STE. 600 HOUSTON, TX 77056	
2. Principal Place of Business One Riverway Suite 1100 Houston, TX 77056		3. Mailing Address One Riverway Suite 1100 Houston, TX 77056	
4. FEI Number 75-2858998		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04272004 Chg-P CR2E034 (10/03)	
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, 2004 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	DP THOMPSON, E.L. 227 S. TOWN EAST BLVD. MESQUITE, TX 75149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 5085 W. Park Blvd, Suite 300 Plano, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS AHLFORS, JOHN 227 S. TOWN EAST BLVD. MESQUITE, TX 75149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5085 W. Park Blvd, Suite 300 Plano, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT FREEMAN, TERRY L THREE RIVERWAY, STE. 600 HOUSTON, TX 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Riverway, Suite 1100 Houston, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEMPERTON, DONALD THREE RIVERWAY, STE. 600 HOUSTON, TX 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Cheryl Ketchie One Riverway, Suite 1100 Houston, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MERCIER, TERRY THREE RIVERWAY, STE. 600 HOUSTON, TX 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAGEMAN, JOHN A THREE RIVERWAY, STE. 600 HOUSTON, TX 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Riverway, Suite 1100 Houston, TX 77056
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: _____ VP 4-27-2004 913-965-0770 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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