


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F03000001693</b>	
1. Entity Name <b>KIM HOLDINGS, INC.</b>	

Principal Place of Business <b>55 WAUGH DRIVE SUITE 1000 HOUSTON, TX 77007</b>	Mailing Address <b>55 WAUGH DRIVE SUITE 1000 HOUSTON, TX 77007</b>
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**DO NOT WRITE IN THIS SPACE**



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>30-0034175</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000895608 04/24/08 80074-014 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LAWRENCE, C. BERDON 55 WAUGH DRIVE HOUSTON, TX 77007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PYNE, J.H. 55 WAUGH DRIVE HOUSTON, TX 77007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT NOLEN, NORMAN W 55 WAUGH DRIVE HOUSTON, TX 77007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUESE, MARK R 55 WAUGH DRIVE HOUSTON, TX 77007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCKER, MARY 55 WAUGH DRIVE HOUSTON, TX 77007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLCOMB, STEPHEN 55 WAUGH DRIVE HOUSTON, TX 77007

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Mary Tucker* **(713) 435 1440**

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