


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004967 1. Entity Name CATALYST SERVICES, INC.	
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Principal Place of Business 11355 HIGHWAY 225 LAPORTE, TX 77571	Mailing Address 4200, 150-6TH AVE. S.W. CALGARY ALBERTA CANADA T2P 3Y7, XX
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0309105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P KINDER, JOE 363 N. SAM HOUSTON PKWY HOUSTON, TX 770601112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRAUS, GREGORY 11355 HIGHWAY 225 LAPORTE, TX 77571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREMBLAY, DALE E 4200, 150-6TH AVE. S.W. CALGARY, ALBERTA, CANADA, T2P3Y7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MCCOLLUM, PAT 363 N. SAM HOUSTON PKWY. HOUSTON, TX 770601112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HEARN, ROGER F 4200, 150-6TH AVE. S.W. CALGARY, ALBERTA, CANADA, T2P3Y7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNULTY, MICHAEL J 4200, 150-6TH AVE. S.W. CALGARY, ALBERTA, CANADA, T2P3Y7

U00000316318
04/19/05-80070-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  -Jan Campbell: Secretary Date Apr 18/05 Daytime Phone # 403-716-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR