

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F03000006235</b>					
<b>1. Entity Name</b> MASEFIELD AMERICA, INC.					
<b>Principal Place of Business</b> 3050 POST OAK BLVD., STE. 630 HOUSTON, TX 77083			<b>Mailing Address</b> 3050 POST OAK BLVD., STE. 630 HOUSTON, TX 77083		
<b>2. Principal Place of Business</b> 3050 POST OAK BLVD Suite, Apt. #, etc. 1330		<b>3. Mailing Address</b> 3050 POST OAK BLVD Suite, Apt. #, etc. 1330			
<b>City &amp; State</b> HOUSTON, TX		<b>City &amp; State</b> HOUSTON, TX		<b>4. FEI Number</b> 65-0875890	
<b>Zip</b> 77056		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <b>SIGNATURE</b> <i>Carina L. Dunlap</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>Carina L. Dunlap</b>  <b>Asst. Vice President</b> </div> <div style="width: 20%; text-align: right;"> <b>12-6-06</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DPT <b>NAME</b> SCHEEPERS, KENHARDT <b>STREET ADDRESS</b> 3050 POST OAK BLVD., STE. 630 <b>CITY-ST-ZIP</b> HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> 300082265213 12/04/06--01063--019 **750.00 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> MELTZER, CLYDE B <b>STREET ADDRESS</b> 3050 POST OAK BLVD STE 630 <b>CITY-ST-ZIP</b> HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> HOPKOVITZ, MICHAEL S <b>STREET ADDRESS</b> 3050 POST OAK BLVD STE 630 <b>CITY-ST-ZIP</b> HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> DP <b>NAME</b> AIDAN SHILLING <b>STREET ADDRESS</b> 3050 POST OAK BLVD STE 1330 <b>CITY-ST-ZIP</b> HOUSTON, TX 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> LUIS GOMEZ <b>STREET ADDRESS</b> 3050 POST OAK BLVD STE 1330 <b>CITY-ST-ZIP</b> HOUSTON, TX 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> ST <b>NAME</b> TOM HARPER <b>STREET ADDRESS</b> 3050 POST OAK BLVD STE 1330 <b>CITY-ST-ZIP</b> HOUSTON, TX 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Thomas W. Harper</i> <b>THOMAS W. HARPER</b> <b>11/22/06</b> <b>713-871-1114</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/20