



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90018 015 ***550.00

DOCUMENT # F06000004365					
1. Entity Name MAVERICK C&P, INC.					
Principal Place of Business 16401 SWINGLEY RIDGE ROAD SUITE 700 CHESTERFIELD, OH 63017			Mailing Address 16401 SWINGLEY RIDGE ROAD SUITE 700 CHESTERFIELD, OH 63017		
2. Principal Place of Business - No P.O. Box # 2200 WEST LOOP SOUTH		3. Mailing Address 2200 WEST LOOP SOUTH			
Suite, Apt. #, etc. SUITE 800		Suite, Apt. #, etc. SUITE 800			
City & State HOUSTON, TX		City & State HOUSTON, TX			
Zip 77027		Zip 77027			
Country U.S.A.		Country U.S.A.		05092008 Chg-P CR2E034 (12/06)	
4. FEI Number 36-4515935				Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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	CHRM CURA, GERMAN 16401 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CURA, GERMAN 2200 WEST LOOP SOUTH, STE 800 HOUSTON, TX 77027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURA, GERMAN 16401 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CURA, GERMAN 2200 WEST LOOP SOUTH, STE 800 HOUSTON, TX 77027 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRICE, MILTON 16401 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NORTH, CHRIS D 2200 WEST LOOP SOUTH, STE 800 HOUSTON, TX 77027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BRICE, MILTON 16401 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NORTH, CHRIS D. 2200 WEST LOOP SOUTH, STE 800 HOUSTON, TX 77027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DE CABRERA, EDUARDO 16401 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DE CABRERA, EDUARDO 2200 WEST LOOP SOUTH, STE 800 HOUSTON, TX 77027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> 5/13/08 (713) 585-3193 <small>Date Daytime Phone #</small> </div>		