

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90006 041 \*\*\*150.00

DOCUMENT # **F92000000562**

1. Corporation Name  
**ENTRIX, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5252 WESTCHESTER SUITE 250 HOUSTON TX 77005 US</b>		Mailing Address <b>5252 WESTCHESTER SUITE 250 HOUSTON TX 77005 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Zip <b>29</b>	
Country <b>25</b>		Country <b>30</b>	
3. Date Incorporated or Qualified <b>11/20/1992</b>			
4. FEI Number <b>76-0265862</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, DAN D</b>	1.2 NAME	
STREET ADDRESS	<b>5252 WESTCHESTER, #250</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>EVD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIRTH, RICHARD W</b>	2.2 NAME	
STREET ADDRESS	<b>5252 WESTCHESTER, SUITE 250</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBILLIARD, GORDON A</b>	3.2 NAME	
STREET ADDRESS	<b>5252 WESTCHESTER, SUITE 250</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, DOUGLAS M</b>	4.2 NAME	
STREET ADDRESS	<b>5252 WESTCHESTER, SUITE 250</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARGROVE, JAMES W</b>	5.2 NAME	
STREET ADDRESS	<b>5252 WESTCHESTER, SUITE 250</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARGROVE, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>5252 WESTCHESTER</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Do not SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Douglas Campbell, Treasurer** 4/13/99 713-6660-6223

CR2E034 (1/98)