2000 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2000 8:00 am DOCUMENT # **F92000000562** 1. Entity Name Secretary of State ENTRIX, INC. 06-05-2000 90011 042 ***150.00 Mailing Address Principal Place of Business 5252 WESTCHESTER 5252 WESTCHESTER SUITE 250 SUITE 250 HOUSTON TX 77005-4102 HOUSTON TX 77005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State FEI Number Applied For 76-0265862 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FL 6.131.57.17 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition TITLE TITLE ☐ Delete TAYLOR, DAN D NAME NAME STREET ADDRESS STREET ADDRESS 5252 WESTCHESTER, #250 CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX ☐ Change ☐ Addition TITLE ☐ Delete TITLE FIRTH, RICHARD W NAME NAME STREET ADDRESS STREET ADDRESS 5252 WESTCHESTER, SUITE 250 CITY-ST-ZIP -CITY-ST-7IP 'HOUSTON'TX ☐ Change ☐ Addition TITLE Delete TITLE ROBILLIARD, GORDON A NAME NAME STREET ADDRESS STREET ADDRESS 5252 WESTCHESTER, SUITE 250 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** ☐ Change ☐ Addition ☐ Delete TITLE CAMPBELL, DOUGLAS M NAME NAME STREET ADDRESS STREET ADDRESS 5252 WESTCHESTER, SUITE 250 CITY-ST-ZIP CITY-ST-7IP **HOUSTON TX** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HARGROVE, JAMES W NAME 5252 WESTCHESTER, SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** ☐ Delete TITLE Change ☐ Addition TITLE HARGROVE, WILLIAM NAME STREET ADDRESS STREET ADDRESS **5252 WESTCHESTER** CITY-ST-ZIP **HOUSTON TX**

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like employers.

SIGNATURE:

IGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000

715-662-1945

Daytime Phone #