FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 2001 8:00 am DOCUMENT # F9200000562 **Secretary of State** 1. Entity Name ENTRIX, INC. 02-12-2001 90230 014 ***150.00 Principal Place of Business Mailing Address 5252 WESTCHESTER 5252 WESTCHESTER - - 40001 SUITE 250 SUITE 250 HOUSTON TX 77005 HOUSTON TX 77005 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 76-0265862 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TAYLOR, DAN D NAME STREET ADDRESS 5252 WESTCHESTER, #250 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FIRTH, RICHARD W NAME NAME STREET ADDRESS 5252 WESTCHESTER, SUITE 250 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition ROBILLIARD, GORDON A NAME NAME 5252 WESTCHESTER SUITE 250 STREET ADDRESS STREET ADDRESS: CITY-ST-ZIF CITY-ST-7IP **HOUSTON TX** TITLE Delete TITLE ☐ Change Addition CAMPBELL, DOUGLAS M NAME NAME 5252 WESTCHESTER, SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE HARGROVE, JAMES W NAME NAME STREET ADDRESS 5252 WESTCHESTER, SUITE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **HOUSTON TX** TITLE ☐ Delete TITLE Change Addition HARGROVE, WILLIAM NAME NAME **5252 WESTCHESTER** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON TX CITY-ST-7iP 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 empowered.