

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000951 (5)**

1. Corporation Name

**CES/WAY INTERNATIONAL, INC.**

Principal Place of Business

5308 ASHBROOK  
HOUSTON TX 77081

Mailing Address

5308 ASHBROOK  
HOUSTON TX 77081-4102

2. Principal Place of Business

21

Suite, Apt. #, etc.

26

Mailing Address

27

Suite, Apt. #, etc.

22

City & State

28

City & State

29

Zip

Country

30

Zip

Country

9. Name and Address of Current 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

**\$8.75 Additional  
Fee Required**

**Applied For**

**Not Applicable**

3. Date Incorporated or Qualified

**12/22/1992**

4. FEI Number

**74-2040062**

5. Certificate of Status Desired

**\$5.00 May Be  
Added to Fees**

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of New Registered Agent

**FL** 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 or 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	DPT	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEACH, MICHAEL D		
STREET ADDRESS	5308 ASHBROOK		
CITY, ST, ZIP	HOUSTON TX		
TITLE	AS	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFORGE, DEBORAH S		
STREET ADDRESS	5308 ASHBROOK		
CITY, ST, ZIP	HOUSTON TX		
TITLE	VP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPATHI, B N		
STREET ADDRESS	5308 ASHBROOK		
CITY, ST, ZIP	HOUSTON TX		
TITLE	S	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, ERBIN BRIAN		
STREET ADDRESS	5308 ASHBROOK		
CITY, ST, ZIP	HOUSTON TX		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**M. D. Leach**

**January 10, 1997**

**713/666-3541**

Daytime Phone #

CR2E034 (9/96)