FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 2:04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002341 (6)**

1. Corporation Name
WICKS 'N' STICKS, INC.

Principal Place of Business	Mailing Address
16825 NORTHCHASE DR., SUITE 900 HOUSTON TX 77060	16825 NORTHCHASE DR., SUITE 900 HOUSTON TX 77060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/11/1993**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **76-0388111** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 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	PC	11 TITLE	C	☑ Change ☐ Addition
NAME	SIVITZ, WILLIAM D	12 NAME		
STREET ADDRESS	266 PROVINCE LINE ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	SKILLMAN NJ	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE	Director	☑ Change ☐ Addition
NAME	ARTHURS, D. ROSS	22 NAME		
STREET ADDRESS	191 MARSHALL CORNER, WOODSVILLE ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	PENNINGTON NJ 08534	24 CITY-ST-ZIP		
TITLE	VS	31 TITLE	VP	☑ Change ☐ Addition
NAME	YANTZ, T E	32 NAME	Yantz, T. Deanne	
STREET ADDRESS	3502 LA COSTA	33 STREET ADDRESS		
CITY-ST-ZIP	MISSOURI CITY TX	34 CITY-ST-ZIP		☑
TITLE	VP	41 TITLE		☑ Change ☐ Addition
NAME	DICKISON, DENNIS B	42 NAME	Delete	
STREET ADDRESS	2001 ENTERPRISE, SOUTH SHORE HARBOR	43 STREET ADDRESS		
CITY-ST-ZIP	LEAGUE CITY TX 77573	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE	President	☑ Change ☐ Addition
NAME	STEINBERG, DEBORAH F	52 NAME		
STREET ADDRESS	2090 PACIFIC AVENUE, #303	53 STREET ADDRESS	2131 W. Alabama #501	
CITY-ST-ZIP	SAN FRANCISCO CA 94109	54 CITY-ST-ZIP	Houston, Tx 77098	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: J Deanne Yantz V.P.-Finance 4-4-95 713/874-0800
SIGNATURE OF NEW OFFICER OR DIRECTOR — PRINTED NAME OF NEW OFFICER OR DIRECTOR — Title — Date — Telephone Number

047A02 FP