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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:18

DOCUMENT # F93000004841 (3)

1. Corporation Name
ENEX RESOURCES CORPORATION

Principal Place of Business	Mailing Address
800 ROCKMEAD DR THREE KINGWOOD PLACE. SUITE 200 KINGWOOD TX 77339	800 ROCKMEAD DR THREE KINGWOOD PLACE. SUITE 200 KINGWOOD TX 77339

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1993
3a. Date of Last Report: 04/06/1994
4. FEI Number: 93-0747806 ☐ 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

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
110 N. MAGNOLIA ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street, Suite 105
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Controller	☐ Change ☒ Addition
NAME	ECKLEY, GERALD B	1.2 NAME	Klein, James A.	
STREET ADDRESS	800 ROCKMEAD, SUITE 200	1.3 STREET ADDRESS	800 Rockmead, Suite 200	
CITY-ST-ZIP	KINGWOOD TX	1.4 CITY-ST-ZIP	Kingwood, TX 77339	
TITLE	VTSD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DENSFORD, ROBERT E	2.2 NAME	James Thomas Shorney	
STREET ADDRESS	800 ROCKMEAD, SUITE 200	2.3 STREET ADDRESS	800 Rockmead, Suite 200	
CITY-ST-ZIP	KINGWOOD TX	2.4 CITY-ST-ZIP	Kingwood, TX 77339	
TITLE	VD	3.1 TITLE	D	☐ Change ☒ Addition
NAME	OZBOLT, JESSE Q	3.2 NAME	Stuart Strasner	
STREET ADDRESS	800 ROCKMEAD, SUITE 200	3.3 STREET ADDRESS	800 Rockmead, Suite 200	
CITY-ST-ZIP	KINGWOOD TX	3.4 CITY-ST-ZIP	Kingwood, TX 77339	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CARL, ROBERT D III	4.2 NAME		
STREET ADDRESS	8601 DUNWOODY PLACE, SUITE 200	4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FREEDMAN, MARTIN J	5.2 NAME		
STREET ADDRESS	1560 LINCOLN, SUITE 650	5.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HOOPER, WILLIAM C JR	6.2 NAME		
STREET ADDRESS	5110 SAN FELIPE #33W	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	6.4 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)(k), 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: _____ James A. Klein 02/01/95 713-358-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400017 FN