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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004884 (3)

1. Corporation Name
IRATA, INC.

Principal Place of Business

8554 KATY FREEWAY
#100
HOUSTON TX 77024

Mailing Address

8554 KATY FREEWAY
#100
HOUSTON TX 77024-1805



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/28/1993

3a. Date of Last Report

03/29/1996

4. FEI Number

76-0366015

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEARLES, ROBERT A JR	
STREET ADDRESS	8554 KATY FRY, #100	
CITY - ST - ZIP	HOUSTON TX 77024	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	FAIRCHILD, RICHARD W	
STREET ADDRESS	8554 KATY FRWY, #100	
CITY - ST - ZIP	HOUSTON TX 77024	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAMPA, SUE	
STREET ADDRESS	8554 KATY FRWY, #100	
CITY - ST - ZIP	HOUSTON TX 77024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOODY, CHARLES W JR	
STREET ADDRESS	8554 KATY FRWY, #100	
CITY - ST - ZIP	HOUSTON TX 77024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, ANDREW J III	
STREET ADDRESS	1000 LOUISIANA, STE 3640	
CITY - ST - ZIP	HOUSTON TX 77002	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIGGINS, JOHN	
STREET ADDRESS	199 CROSSWAYS PARK DR.	
CITY - ST - ZIP	WOODBURY NY 11797	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXEC. VP, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN C. STUECHELI	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAMP, SUE	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	C/P/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LANCE P. WIMMER	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 on an attachment with an address.

SIGNATURE: x *John C. Stuecheli* JOHN C. STUECHELI 3/17/97 (713) 467-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)