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 21 AM 8:59

DOCUMENT # F94000000159 (3)

1. Corporation Name

PROCESS INSTRUMENTATION & ELECTRICAL, INC.

Principal Place of Business	Mailing Address
4817 ANDREWS HWY ODESSA TX 79762	4817 ANDREWS HWY ODESSA TX 79762

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: P.O. Box 7705
Suite, Apt. #, etc.
27:
City & State
28: Odessa, TX
Zip / Country
29: 79769 30:

4. FEI Number: 75-1894110 ☐ 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 _____ DATE
Signature, if any, of new registered agent and title, if applicable. NOTE: Registered Agent signature required when designated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	WILLINGHAM, LEON	12 NAME		
STREET ADDRESS	4817 ANDREWS HWY	13 STREET ADDRESS		
CITY-ST-ZIP	ODESSA TX	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	JONES, LEWIS	22 NAME		
STREET ADDRESS	4817 ANDREWS HWY	23 STREET ADDRESS		
CITY-ST-ZIP	ODESSA TX	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	BRANNON, DAVID	32 NAME	Hagelstein, Kristin	
STREET ADDRESS	4817 ANDREWS HWY	33 STREET ADDRESS	4817 Andrews Hwy.	
CITY-ST-ZIP	ODESSA TX	34 CITY-ST-ZIP	Odessa, TX 79762	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	HORTON, TOM	42 NAME		
STREET ADDRESS	4817 ANDREWS HWY	43 STREET ADDRESS		
CITY-ST-ZIP	ODESSA TX	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
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)(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: Kristin D. Hagelstein Kristin D. Hagelstein 2-15-95 (915)367-7743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040000 FN