

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90081 045 ***150.00

05-43373

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F94000003514

1. Corporation Name
CPT-GP, INC.



Principal Place of Business 3 GREENWAY PLAZA, STE. 1300 HOUSTON TX 77046 US	Mailing Address 3 GREENWAY PLAZA, STE. 1300 HOUSTON TX 77046 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/05/1994
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 75-2540958
22. City & State	27. City & State	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPO, RICHARD J	1.2 NAME	
STREET ADDRESS	3200 SOUTHWEST FREEWAY, STE. 1500	1.3 STREET ADDRESS	3 Greenway Plaza, Suite 1300
CITY-ST-ZIP	HOUSTON TX 77027	1.4 CITY-ST-ZIP	Houston, Tx 77046
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODEN, D. KEITH	2.2 NAME	
STREET ADDRESS	3200 SOUTHWEST FREEWAY, STE. 1500	2.3 STREET ADDRESS	3 Greenway Plaza, Suite 1300
CITY-ST-ZIP	HOUSTON TX 77027	2.4 CITY-ST-ZIP	Houston, Tx 77046
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELIZABETH P	3.2 NAME	
STREET ADDRESS	3200 SOUTHWEST FREEWAY, STE. 1500	3.3 STREET ADDRESS	3 Greenway Plaza, Suite 1300
CITY-ST-ZIP	HOUSTON TX 77027	3.4 CITY-ST-ZIP	Houston, Tx 77046
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, G. STEVEN	4.2 NAME	
STREET ADDRESS	3200 SOUTHWEST FREEWAY, STE. 1500	4.3 STREET ADDRESS	3 Greenway Plaza, Suite 1300
CITY-ST-ZIP	HOUSTON TX 77027	4.4 CITY-ST-ZIP	Houston, Tx 77046
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, JAMES M	5.2 NAME	
STREET ADDRESS	3200 SOUTHWEST FREEWAY, STE. 1500	5.3 STREET ADDRESS	3 Greenway Plaza, Suite 1300
CITY-ST-ZIP	HOUSTON TX 77027	5.4 CITY-ST-ZIP	Houston, Tx 77046
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMICK, ALISON	6.2 NAME	
STREET ADDRESS	3200 SOUTHWEST FREEWAY, STE. 1500	6.3 STREET ADDRESS	3 Greenway Plaza, Suite 1300
CITY-ST-ZIP	HOUSTON TX 77027	6.4 CITY-ST-ZIP	Houston, Tx 77046

14. I 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, with all other like empowered.

SIGNATURE: *G. Steven Dawson* **REQUIRE!** **G. Steven Dawson**
Sr. Vice President and Chief Financial Officer
 Date: **4/23/99** Daytime Phone #: **713-354-2500**

CR2E034 (1/198)