

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90025 047 ***150.00

DOCUMENT # F94000003514

1. Entity 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
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80048803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 75-2540958	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	CAMPO, RICHARD J	
STREET ADDRESS	3 GREENWAY PLAZA, STE 1300	
CITY-ST-ZIP	HOUSTON TX 77046	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	ODEN, D. KEITH	
STREET ADDRESS	3 GREENWAY PLAZA, STE 1300	
CITY-ST-ZIP	HOUSTON TX 77046	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ELIZABETH P	
STREET ADDRESS	3 GREENWAY PLAZA, STE 1300	
CITY-ST-ZIP	HOUSTON TX 77046	

TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEEN, DENNIS M.	
STREET ADDRESS	3 Greenway Plaza, Ste 1300	
CITY-ST-ZIP	Houston, TX 77046	

TITLE	VT	<input type="checkbox"/> Delete
NAME	DAWSON, G. STEVEN	
STREET ADDRESS	3 GREENWAY PLAZA, STE 1300	
CITY-ST-ZIP	HOUSTON TX 77046	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	HINTON, JAMES M	
STREET ADDRESS	3 GREENWAY PLAZA, STE 1300	
CITY-ST-ZIP	HOUSTON TX 77046	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	DIMICK, ALISON	
STREET ADDRESS	3 GREENWAY PLAZA, STE 1300	
CITY-ST-ZIP	HOUSTON TX 77046	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

G. Steven Dawson
 Sr VP + Tr

4-27-01

713-354-2500

CR2E034 (10/00)