FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Feb 04 1997 8:00am
Secretary of State

DOCUMENT # F94000004101 (1)

1. Corporation Name
SCM HOLDINGS, INC.

Principal Place of Business	Mailing Address
SUITE 1400 12 GREENWAY PLAZA HOUSTON TX 77046	SUITE 1400 12 GREENWAY PLAZA HOUSTON TX 77046-1201

3. Date Incorporated or Qualified: **08/08/1994**
3a. Date of Last Report: **02/13/1996**

	2. Principal Place of Business		2a. Mailing Address
21	11 Greenway Plaza	26	11 Greenway Plaza
22 Suite, Apt. #, etc.	Suite 3000	27 Suite, Apt. #, etc.	Suite 3000
23 City & State	Houston, TX	28 City & State	Houston, TX
24 Zip / 25 Country	77046 / USA	29 Zip / 30 Country	77046 / USA

4. FEI Number: **76-0443097** ☐ 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

	Officer / Director	Delete
TITLE	P	☐ DELETE
NAME	MCGEE, WILLIAM M	
STREET ADDRESS	10 GREENWAY PLAZA	
CITY-ST-ZIP	HOUSTON TX 77046	
TITLE	V	☐ DELETE
NAME	BLAISDELL, JOHN A	
STREET ADDRESS	11 GREENWAY PLAZA, SUITE 3106	
CITY-ST-ZIP	HOUSTON TX 77046	
TITLE	DV	☒ DELETE
NAME	SCHNITZER, DOUGLAS W	
STREET ADDRESS	12 GREENWAY PLAZA, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77046	
TITLE	VST	☒ DELETE
NAME	HENDERSON, TERRY L	
STREET ADDRESS	12 GREENWAY PLAZA, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77046	
TITLE	D	☒ DELETE
NAME	BLALOCK, MYRON G	
STREET ADDRESS	12 GREENWAY PLAZA, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77046	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change / Addition
1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	11 Greenway Plaza, Suite 3000	
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	11 Greenway Plaza, Suite 3000	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: William M. McGee 1/29/97 713-623-4583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #