| PROFIT |
|---------------|
| CORPORATION |
| ANNUAL REPORT |



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

| - (| 41 A1 A | IONL | 141 | |
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| • | | 19 | 20 | |

DOCUMENT #

1. Corporation Name

F94000004498 (1)

THE KNOLLWOOD GROUP, INC.

| Principal Place of Business | Mailing Address |
|-------------------------------------------------|-----------------------------------------------|
| 1360 POST OAK BLVD., #1770 HOUSTON, TX 77056 | 1360 POST OAKS BLVD., #1770 HOUSTON, TX 77056 |

| r 10 | 50510N, 1X | 77000 | • | 10001011, 17 | | | | 1 | Date Incorporated or Qualified 08/30/1994 | 3a. Date | of Las 95 | t Report |
|------|-----------------------------|-----------------------|--------|---------------------|--------|------|-----------------------------------------|-------|----------------------------------------------------------|------------------------------|---------------------|-------------------------------------|
| 2. | Principal Place of Busine | ess | 2a | - Mailing Address | | | | 4. | FEI Number | | | Applied For |
| 1 | | | 26 | | | | | ! | 76-0390587 | | | Not Applicable |
| 2 | Suite, Apt. #, etc | | 27 | Suite, Apt. #, etc. | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5. | Certificate of Status Desired | | | 75 Additional ee Required |
| 3 | City & State | | 28 | City & State | | | | 6. | Election Campaign Financing Trust Fund Contribution | | | .00 May Be ided to Fees |
| 4 | Ζip | Country 25 | 29 | Zφ | 30 Cou | ntry | | 8. | This corporation has liability for Florida Statutes Yes. | intangible ta K No | x unde | rs 199.032, |
| | 9. Name | and Address of Curren | t Regi | stered Agent | | | | 10. | Name and Address of New F | legistered . | Agent | |
| | | | | | | 81 | Narie | | | | | |
| | CORPORATION 1201 HAYS ST | INFORMATION S | ERV: | ICES, INC. | : | 82 | Street Address | ss (F | O. Box Number is Not Accepta | ole) | | |
| | TALLAHASSEE, | | | | | 83 | | | | | | |
| | | | | | | 84 | City | | | FL | 85 | Zip Code |

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. Thereby accept the appointment as registered agent. Lam
familiar with, and accept the obligations of. Section 607,0505. Florida Statutes.

| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|-----------------|----------------------------|----------------------------|---------------------------------------------------|
| TITLE | DT DELETE | 1 1 101E | Change Addition |
| NAME | BENNETT, DONALD K. | 1.2 NAME | |
| STREET ADDRESS | 1111 CHAPALA STREET | 1.3 STREET ADORESS | |
| CITY - ST - ZIP | SANTA BARBARA, CA 93101 | 14 CH*+S1 ZIP | |
| TITLE | DP DELETE | 2 1 TIT. F | Change Addition |
| NAME | GROTENHUIS, DAVID | 2.2 NAME | |
| STREET ADDRESS | 1111 CHAPALA STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANTA BARBARA, CA 93101 | 2.4 CHY+S1+Z# | |
| TITLE | DS DELETE | 3 1 101.6 | Change Addition |
| NAME | SIEMENS, WAYNE | 3.2 NAME | |
| STREET ADDRESS | 1111 CHAPALA STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANTA BARBARA, CA 93101 | 34 CiTh ST Zi ^D | |
| TITLE | D DELETE | 4 i filiuf | Change Addit or |
| NAME | GUNTER, ALLEN | 4.2 NAME | |
| STREET ADDRESS | 1360 POST OAK BLVD., #1770 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON, TX 77056 | 4.4 CITY - ST. ZIP | |
| TITLE | ☐ DELETE | . 5 1 TATLE | 10001843300ange 🗆 Additio |
| NAME | | 5.2 NAME | -05/29/9601136019 |
| STREET ADDRESS | | 5.3 STHEET ADDRESS | ***225.00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| CITY-ST-ZIP | | 5.4.0.1Y-S1-ZIP | |
| TITLE | ☐ DELETE | 6 1 TITLE | ☐ Zhang: ☐ Addw.o |
| NAME | | 6.2 NAME | ~ · · · · / |

6.4 CiTY - ST - 7iP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(k). Florida Statutes. I further certify that the information indicated on this arrive report or supplemental annual report is true an Laccurate 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. Standard, or lost an attachment with an ardress CITY-S1-ZIP

6.3 STREET ADDRESS

SIGNATURE: ME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

5/15/95 713-671-9286