## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** F9500000155

1. Entity Name

COMPAQ COMPUTER CORPORATION

	~
Principal Place of Business 20555 SH 249 HOUSTON TX 77070	Mailing Address  COMPAQ COMPUTER CORP MS1+670t 20555 SH 249 12-0604 HOUSTON TX 77070
2. Principal Place of Business -HOUSTON	US  3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

## **FILED** Jul 30, 2002 8:00 am Secretary of State 07-30-2002 90378 020 \*\*\*550.00

20555 SH HOUSTON	TX 77070	COMPAQ COMPUTER CORP MS146701 20555 SH 249 12-0604 HOUSTON TX 77070 US		004	T ABBURG HUG HERE BUIL BOND BOND GENY BOND BONG BONG BOND BUICE BUIL BUIL			
2. Principal Place of Business HOUSTON  3. Mailing Address		<del></del> _						
2055	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Houston, TX		City & State		4	4. FEI Number 76-0011617			Applied For Not Applicable
170		Zip	Country	5.	Certificate of S	Status Desired	\$8.75 Fee Req	Additional
	6. Name and Address of Current R	egistered Agent		7.	. Name and Ad	dress of New Regist	ered Agent	
C T COL	RPORATION SYSTEM		Name		_		<u>-</u>	
J	OUTH PINE ISLAND ROAD		Street	Address (P.O.	Box Number in	Not Acceptable)	·	
,				.O. IJ EEDIDDIN	. Box Number is	Not Acceptable)		
PLANIA	TION FL 33324		-			<del> </del>	<del>-</del>	<del></del>
			City	<del></del>				
0.71			City				FL Zip C	ode
the oblina	e named entity submits this statement for t tions of registered agent.	ne purpose of changing its	registered office	or registered a	igent, or both, in	the State of Florida	Lam familiar w	ith and second
wie obliga	mons or registered agent.			-	,	and oldlo or rionda.	i aiii iaiiiiiiai W	ıırı, and accept
SIGNATURE								
	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registered Agent sign	ature required when	reinstation)		ATE	
9. This corp	oration is eligible to satisfy its Intangible						——————————————————————————————————————	
Tax filing	requirement and elects to do so.	After September 13	!!! FEE IS \$55	).00	10. Election	n Campaign Financing	. 65	. 00
(See crite	ria on back)	Make Check Payat	), 2002 Fee Will	be \$750.00	Trust Fu	and Contribution.	_ ~~	.00 May Be ded to Fees
11.	OFFICERS AND DI						,	Í
TITLE	D OFFICERS AND DIE		12.	AL	DDITIONS/CHA	NGES TO OFFICERS	AND DIRECTO	DRS IN 11
NAME	CRAVEN, JUDITH L	🔀 Delete	TITLE	PRES	SIDENT		Chann	
STREET ADDRESS	20555 SH 249		NAME	ROBER	RT P.	WAYMAI	$\sim$	_
CITY-ST-ZIP	HOUSTON TX 77070		STREET ADDRESS	3000	HANOVO	ERST.		
TITLE	D	<del></del>	CiTY-ST-ZIP	PALO	ALTO,	<u>CA 94</u>	30 <i>4</i>	1
NAME	BABBIO, LAWERENCE T	Delete	TITLE	VP, S	ECRET	ARY	☐ Change	Addition
STREET ADDRESS	20555 SH 249		NAME	ANN	0. B	AS KINS	5	
CITY-ST-ZIP	HOUSTON TX 77070		STREET ADDRESS	3000	HANO	VER ST.	_	1
TITLE	D	<del></del>	CITY-ST-ZIP	PALO	ALTO.	CA 943	3 <i>04</i>	Į.
NAME -	LARSON, PETER N	<b>S</b> Delete	TITLE	TREA	SURER	, ASST. SE	C ☐ Change	Addition
STREET ADDRESS	20555 SH 249		NAME	CHAR	LES A	CHARN	/AS	[Eschaenton
CITY-ST-ZIP	HOUSTON TX 77070		STREET ADDRESS	3000	HANOV	ER ST.		
TITLE	D		CITY-ST-ZIP	PALO	ALTO, (	CA 9430	4	
NAME	LAY, KENNETH L	Delete	TITLE	I V P	•		Change	<b>⊠</b> -Addition
STREET ADDRESS	20555 SH 249		NAME	STEVE	N WEI	SBERGER 49	e	
CITY-ST-ZIP	HOUSTON TX 77070		STREET ADDRESS	20555	SH 2	49		
TITLE	4		C!TY-ST-ZIP	HOU ST	ON, TX	77070		
NAME	and the state of t	☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS			NAME	l		•		
CITY-ST-ZIP			STREET ADDRESS					ĺ
TITLE		<del></del>	CITY-ST-ZIP					
IAME		☐ Delete	TITLE				☐ Change	Addition
TREET ADDRESS			NAME					Addition
ITY-ST-ZIP			STREET ADDRESS					
	at the same		CITY-ST-ZIP					1
<ul> <li>indicated o</li> </ul>	ertify that the information supplied with this in this report or supplemental report is true pration or the receiver or trustee empowers	filing does not qualify for the	ne exemption state	ed in Section 1	19,07(3)(i) Floris	da Statutes I further a	ortifuthet the '	nform sti
	pration or the receiver or trustee empowers or on an attachment with an address, with a	and accurate and that my	Signature shall be	wa tha assa Is	and official as it -		- y any anature i	monnaudh (

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME DISIGNING OFFICER OR DIRECTOR WEISBERGER 1/23/02/281)370-0670