


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0655172 AT

DOCUMENT # F95000004344	
1. Entity Name DETM MANAGEMENT, INC.	

FILED

03 JUN 20 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5400 WESTHEIMER CT HOUSTON TX 77056 US	Mailing Address P.O. BOX 1642 HOUSTON TX 77251-1642
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2. Principal Place of Business 5400 WESTHEIMER COURT	3. Mailing Address P.O. BOX 1642
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State HOUSTON, TX	City & State HOUSTON, TX	4. FEI Number 84-1274542	Applied For <input type="checkbox"/> Not Applicable
Zip 77056	Country USA	Zip 77056	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 06/20/03 01048-001 **150.00 City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DONNELL, JAMES M 5400 WESTHEIMER COURT HOUSTON TX 77056-5310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROBERT T. LADD 5400 WESTHEIMER COURT HOUSTON, TX 77056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASCHBACKER, TERENCE 5400 WESTHEIMER COURT HOUSTON TX 77056-5310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CURTIS H. DAVIS 5400 WESTHEIMER COURT HOUSTON, TX 77056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FITE, BEVERLY J 5400 WESTHEIMER COURT HOUSTON TX 77056-5310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500021033285 06/20/03--01048--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SHERILL, RICHARD M 5400 WESTHEIMER COURT HOUSTON TX 77056-5310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WILLIAM B. WIENER 5400 WESTHEIMER COURT HOUSTON, TX 77056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCT GILBERT, MARY V 5400 WESTHEIMER COURT HOUSTON TX 77056-5310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KEITH L. HEAD 5400 WESTHEIMER COURT HOUSTON, TX 77056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSG BYTH, JAN S 5400 WESTHEIMER COURT HOUSTON TX 77056-5310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, GC, AS JOANN P. RUSSELL 5400 WESTHEIMER COURT HOUSTON, TX 77056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Robert T. Ladd **DIRECTOR, ROBERT T. LADD, 6/16/ 03 713 627-4632**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)