

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000417

1. Entity Name

MAGI INTERNATIONAL MANAGEMENT COMPANY

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90099 002 ***150.00

723313



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1800 BERING SUITE 1010 HOUSTON TX 77057 US	1800 BERING SUITE 1010 HOUSTON TX 77057 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	76-0402109	Applied For
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Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KAMRADT, RUSSELL T
PHILLIPS POINT - EAST TOWER
777 SOUTH FLAGLER DR., STE 900
WEST PALM BEACH FL 33401

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	PTDC	TITLE	
NAME	WEST, JOHN C	NAME	
STREET ADDRESS	1800 BERING, SUITE 1010	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	CITY-ST-ZIP	
TITLE	PS	TITLE	
NAME	GASKELL, KIMBROUGH	NAME	
STREET ADDRESS	1800 BERING, SUITE 1010	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: John C West 2/22/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)