

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001740 (7)**

1. Corporation Name  
**SCURLOCK PERMAN CORPORATION**

Principal Place of Business <b>3 ALLEN CENTER 333 CLAY ST. HOUSTON TX 77210</b>	Mailing Address <b>PO BOX 4648 HOUSTON TX 77210</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/08/1986</b>	
4. FEI Number <b>75-0908366</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
				<b>FL</b>	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, LAUREN L			1.2 NAME	Madro, Walter J.		
STREET ADDRESS	333 CLAY ST.			1.3 STREET ADDRESS	Three Allen Center		
CITY-ST-ZIP	HOUSTON TX 77210			1.4 CITY-ST-ZIP	333 Clay St. Houston, TX 77002		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADLEY, JOHN D			2.2 NAME			
STREET ADDRESS	333 CLAY ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77210			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COE, EDWARD D			3.2 NAME			
STREET ADDRESS	333 CLAY ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77210			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DREYFUSS, LAWRENCE J			4.2 NAME			
STREET ADDRESS	333 CLAY ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77210			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAUSRATH, DAVID L			5.2 NAME			
STREET ADDRESS	1000 ASHLAND DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	RUSSELL KY 77002			5.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	ASAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LECHLER, C R			6.2 NAME	Ellis, Charles D.		
STREET ADDRESS	333 CLAY ST.			6.3 STREET ADDRESS	3499 Blazer Parkway		
CITY-ST-ZIP	HOUSTON TX 77002			6.4 CITY-ST-ZIP	Lexington KY 40512		

14. 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 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

*Charles D. Ellis*

Charles D. Ellis

2-3-98

(606) 357-7484

CP2E034 (10/97)