

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90152 015 ***150.00

DOCUMENT # F96000005529

1. Entity Name
STONERSIDE STABLE GP, INC.



Principal Place of Business
**711 LOUISIANA
33RD FLOOR
HOUSTON TX 77008
US**

Mailing Address
**711 LOUISIANA
33RD FLOOR
HOUSTON TX 77002
US**



2. Principal Place of Business
4400 Post Oak Pkwy

3. Mailing Address
4400 Post Oak Pkwy

Suite, Apt. #, etc.
Suite 1400

Suite, Apt. #, etc.
Suite 1400

City & State
Houston, TX

City & State
Houston, TX

Zip Country
77027 USA

Zip Country
77027 USA

4. FEI Number **76-0428539**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

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)
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. I am familiar with, and accept the obligations of registered agent.

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

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	CD MCNAIR, ROBERT C 711 LOUISIANA, 33RD FLOOR HOUSTON TX 77002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4400 Post Oak Pkwy, Suite 1400 Houston, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUSSLER, MARCUS R 711 LOUISIANA, 33RD FLOOR HOUSTON TX 77002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4400 Post Oak Pkwy, Suite 1400 Houston, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENDRIGAN, JAMES M 711 LOUISIANA, 33RD FLOOR HOUSTON TX 77002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4400 Post Oak Pkwy, Suite 1400 Houston, TX 77027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 *James M. Kendrigan* **SIGNATURE REQUIRED** James M. Kendrigan 1/6/03 713 336 7833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)