

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000002903**

1. Entity Name

NORTH HOUSTON GREEN, INC.**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90177 033 ***150.00

Principal Place of Business 10670 N. CENTRAL EXPRESSWAY, STE. 600 DALLAS TX 75231	Mailing Address 10670 N. CENTRAL EXPRESSWAY, STE. 600 DALLAS TX 75231
---	---

2. Principal Place of Business 1800 Valley View Lane Suite, Apt. #, etc. Suite 300 City & State Dallas, Texas Zip 75234	Country USA	3. Mailing Address 1800 Valley View Lane Suite, Apt. #, etc. Suite 300 City & State Dallas, Texas Zip 75234	Country USA
--	-----------------------	--	-----------------------



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2658079	Applied For <input type="checkbox"/> Not Applicable
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) 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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAHA, KARL L 10670 N. CENTRAL EXPRESSWAY, STE. 600 DALLAS TX 75231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENDENDYK, BRUCE A 10670 N. CENTRAL EXPRESSWAY, STE. 600 DALLAS TX 75231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAROWICZ, DAVID W 10670 N. CENTRAL EXPRESSWAY, STE. 600 DALLAS TX 75231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALDMAN, ROBERT A. 10670 N. CENTRAL EXPRESSWAY, STE. 600 DALLAS TX 75231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHUA, ROLAND 10670 N CENTRAL EXP DALLAS TX 75231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: U.R. Rossman VP-Tor 1/17/01 469/522-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)