

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000004048**1. Entity Name  
**WEINGARTEN/LUFKIN, INC.****FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90105 043 \*\*\*150.00

**973308**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2600 CITADEL PLAZA DRIVE STE 300 HOUSTON TX 77008		Mailing Address 2600 CITADEL PLAZA DRIVE STE 300 HOUSTON TX 77008	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **76-0252192**  
Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION FL 33324**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALEXANDER, STANFORD</b> 2600 CITADEL PLAZA DRIVE STE 300 HOUSTON TX 77008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Shaffer, Joe D</b> 2600 Citadel Plaza Dr, Ste 300 Houston Tx 77008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ALEXANDER, ANDREW M</b> 2600 CITADEL PLAZA DRIVE STE 300 HOUSTON TX 77008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tucker, Jeffrey A</b> 2600 Citadel Plaza Dr. Ste 300 Houston Tx 77008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUBROVNER, MARTIN</b> 2600 CITADEL PLAZA DRIVE STE 300 HOUSTON TX 77008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/Vice Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Debrovner, Martin</b> 2600 Citadel Plaza Drive Ste 300 Houston Tx 77008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ROBERTSON, JOSEPH W JR</b> 2600 CITADEL PLAZA DRIVE STE 300 HOUSTON TX 77008 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Alexander, Stanford</b> 2600 Citadel Plaza Drive Ste 300 Houston Tx 77008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>DUFOUR, M C JR</b> 2600 CITADEL PLAZA DRIVE STE 300 HOUSTON TX 77008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Alexander, Andrew M</b> 2600 Citadel Plaza Drive Ste 300 Houston Tx 77008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VF</b> <b>RICHTER, STEPHEN</b> 2600 CITADEL PLAZA DRIVE STE 300 HOUSTON TX 77008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. V/Treasurer/Assistant Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Richter, Stephen</b> 2600 Citadel Plaza Drive Ste 300 Houston, Tx 77008

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:**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/26/01 (713)868-6540  
Date Daytime Phone #

CR2E034 (10/00)