

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000004048**

1. Entity Name  
**WEINGARTEN/LUFKIN, INC.**



Principal Place of Business  
**2600 CITADEL PLAZA DRIVE STE 300  
HOUSTON, TX 77008**

Mailing Address  
**2600 CITADEL PLAZA DRIVE STE 300  
HOUSTON, TX 77008**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	AT
NAME	SHAHER, JOE D
STREET ADDRESS	2600 CITADEL PLAZA DR
CITY- ST- ZIP	HOUSTON, TX 77008
TITLE	VD
NAME	ALEXANDER, ANDREW M
STREET ADDRESS	2600 CITADEL PLAZA DRIVE STE 300
CITY- ST- ZIP	HOUSTON, TX 77008
TITLE	DVC
NAME	DUBROVNER, MARTIN
STREET ADDRESS	2600 CITADEL PLAZA DRIVE STE 300
CITY- ST- ZIP	HOUSTON, TX 77008
TITLE	CD
NAME	ALEXANDER, STANFORD
STREET ADDRESS	2600 CITADEL PLAZA DRIVE STE 300
CITY- ST- ZIP	HOUSTON, TX 77008
TITLE	VS
NAME	DUFOR, M C JR
STREET ADDRESS	2600 CITADEL PLAZA DRIVE STE 300
CITY- ST- ZIP	HOUSTON, TX 77008
TITLE	SVTS
NAME	RICHTER, STEPHEN
STREET ADDRESS	2600 CITADEL PLAZA DRIVE STE 300
CITY- ST- ZIP	HOUSTON, TX 77008

000000018016  
01/28/04-80119-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joe D. Shafer**

**1/14/04**

Date

**713-868-6565**

Daytime Phone #