

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90426 009 ***150.00

0604974

DOCUMENT # F97000005954

1. Entity Name
BELMONTCORP.

Principal Place of Business

**8550 KATY FREEWAY
 STE 300
 HOUSTON TX 77024**

Mailing Address

**7777 MARKET CENTER AVE
 EL PASO TX 79912
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-2812672**

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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) ☐

**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	K	<input type="checkbox"/> Delete
NAME	KLOPF, JEFFREY A	
STREET ADDRESS	125 LINCOLN AVE.	
CITY-ST-ZIP	SANTA FE NM 87501	
TITLE	D	<input type="checkbox"/> Delete
NAME	MISCHER, WALTER M JR.	
STREET ADDRESS	2727 N LOOP WEST #200	
CITY-ST-ZIP	HOUSTON TX 77008	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILL, PATRICIA	
STREET ADDRESS	8550 KATY FREEWAY, STE 300	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SWAIM, JAMES C	
STREET ADDRESS	7777 MARKET CENTER AVE.	
CITY-ST-ZIP	EL PASO TX 79912	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MARKER, LUCINDA G	
STREET ADDRESS	125 LINCOLN AVENUE	
CITY-ST-ZIP	SANTA FE NM 87501	
TITLE	T	<input type="checkbox"/> Delete
NAME	DURHAM, MICHAEL C	
STREET ADDRESS	8550 KATY FREEWAY, STE 300	
CITY-ST-ZIP	HOUSTON TX 77024	

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brent Shaffer	
STREET ADDRESS	7777 Market Center Avenue	
CITY-ST-ZIP	El Paso, TX 79912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Donald Brent Shaffer

D. Brent Shaffer, Assistant Secretary

04/09/01 (915) 877-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)