

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90252 008 \*\*\*150.00

**DOCUMENT # F97000006253**

1. Entity Name

PARSONS ENERGY & CHEMICALS GROUP INC.



Principal Place of Business

5 GREENWAY PLAZA  
HOUSTON, TX 77046

Mailing Address

5 GREENWAY PLAZA #5067  
TAX DEPT. SUITE 5067  
HOUSTON, TX 77046 US

**54030843**



04012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 94-2624994	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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

**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 NAME STREET ADDRESS CITY-ST-ZIP	VP BECK, WILLIAM C 5 GREENWAY PLAZA HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALL, WILLIAM E 5 GREENWAY PLAZA, 5TH LEVEL HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALLAGHER, JOHN G 5 GREENWAY PLAZA HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD OSBORNE, W. JEFFREY 5 GREENWAY PLAZA HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS KALBAN, LAWRENCE S 5 GREENWAY PLAZA HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GALLAGHER, JOHN G 5 GREENWAY PLAZA HOUSTON, TX 77046

**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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John G. Gallagher* **JOHN G. GALLAGHER** 4-8-04 (713) 407-7618