## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # F9800000429 1. Entity Name PROP CORP. 04-28-2001 90016 037 \*\*\*158.75 Mailing Address Principal Place of Business ATT: TAX DEPT 7030 ARDMORE PO BOX 14484 HOUSTON TX 77054-2302 646392 HOUSTON TX 77221-4484 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0827174 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition DCP Delete TITLE TITLE HUCK, RENE NAME NAME STREET ADDRESS STREET ADDRESS 7030 ARDMORE CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77054-2302 ☐ Change ☐ Addition DVS ☐ Delete TITLE TITLE STEEN, LIAS J NAME NAME 7030 ARDMORE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77054-2302 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE LUCAS, LAWRENCE A NAME NAME STREET ADDRESS 7030 ARDMORE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77054-2302 Change ☐ Addition ☐ Delete TITLE TITLE MAYS, THOMAS E NAME NAME STREET ADDRESS 7030 ARDMORE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77054-2302 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13.1) 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 of the corporation or the receiver or trustee empowered to execute and report changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR