

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0654966 AT

DOCUMENT # **F98000002412**

1. Entity Name
TTSI III, INC.



03 JUN 19 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**12626 HANCOCK DRIVE
CLERMONT FL 34711**

Mailing Address
**333 N SAM HOUSTON PKWY E
STE 200
HOUSTON TX 77060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **95-4681558**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **CEO
RHODES, KEATING**
STREET ADDRESS **1525 BINZ**
CITY-ST-ZIP **HOUSTON TX 77004**

Change Addition
**500021010745
06/19/03--01031--002 **550.00**

TITLE Delete
NAME **VP
BEACH, JOHN**
STREET ADDRESS **333 N SAM HOUSTON PKWY E STE 200**
CITY-ST-ZIP **HOUSTON TX 77066**

Change Addition

TITLE Delete
NAME **VP
LINDGREN, MEVIN**
STREET ADDRESS **25810 CLEAR SPRINGS**
CITY-ST-ZIP **SPRING TX 77066**

Change Addition

TITLE Delete
NAME **SRVP
DUFRESNE, GARY**
STREET ADDRESS **7254 HANSEN DRIVE**
CITY-ST-ZIP **DUBLIN CA 94568**

Change Addition

TITLE Delete
NAME **CSVP
DUNN, TODD**
STREET ADDRESS **15 DAY LILY PLACE**
CITY-ST-ZIP **THE WOODLANDS TX 77381**

Change Addition

TITLE Delete
NAME **V
VICCHARELLI, MIKE**
STREET ADDRESS **31 BIRDIE LANE**
CITY-ST-ZIP **SEWELL NJ 08080**

Change Addition

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 REQUIRED **THOMAS J. MCKINNEY** **6/18/03** **(281) 716-2057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)