


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000003333 1. Entity Name CHAPMAN SCHEWE, INC.	
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Principal Place of Business 2500 CITYWEST BLVD SUITE 1150 HOUSTON, TX 77042	Mailing Address 2500 CITYWEST BLVD SUITE 1150 HOUSTON, TX 77042
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03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0531417	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ 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
After May 1, 2005 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	CEO CHAPMAN, HARRY 2500 CITYWEST BLVD, STE 1150 HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD SCHEWE, DANIEL J 2500 CITYWEST BLVD, STE 1150 HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD CUTSHALL, NANCY 2500 CITYWEST BLVD, STE 1150 HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV RASMUSSEN, NORMAN 2500 CITYWEST BLVD, STE 1150 HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, GEORGE N III 2500 CITYWEST BLVD, STE 1150 HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/08/05-80041-004 158.75

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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: Norman Rasmussen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 (713) 552-1954
Date Daytime Phone #