

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90018 041 ***150.00

DOCUMENT # F98000003448

1. Entity Name
TARTAN TEXTILE SERVICES, INC.

| | |
|--|--|
| Principal Place of Business 333 N SAM HOUSTON PKWY E STE 200 HOUSTON TX 77060 | Mailing Address 333 N SAM HOUSTON PKWY E STE 200 HOUSTON TX 77060 |
|--|--|

00057459



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|--|---------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number 95-4677825 | Applied For Not Applicable |
|---------------------------------|-------------------------------|

| | | | | |
|-----|-----------------------|-----|-----------------------|---|
| Zip | Country HARRIS | Zip | Country HARRIS | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|-----------------------|-----|-----------------------|---|

6. Name and Address of Current Registered Agent
NATIONAL REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO RHODES, S. KEATING 2071 RACQUET HILL SANTA ANA CA 92705 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS DRANE, FRANK 320 ALDENSHIRE PL ATLANTA GA 30350 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HEREDIA, FRED 6330 NW 77TH COURT PARKLAND FL 33067 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC00 FERGUSON, GROVER 333 N SAM HOUSTON PKWY E., STE 200 HOUSTON TX 77060 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CSVP DUNN, TODD 15 DAY LILY PLACE THE WOODLANDS TX 77381 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC MARSHALL, ELIZABETH 333 N SAM HOUSTON PKWY E., STE 200 HOUSTON TX 77060 <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1525 BINZ HOUSTON, TX 77004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP JOHN BEACH 333 N SAM HOUSTON PKWY E STE 200 HOUSTON, TX 77060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP KEVIN LINDGREN 25810 CLEAR SPRINGS SPRING, TX 77066 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SR VP GARY DUFRESNE 7254 HANSEN DRIVE DUBLIN, CA 94568 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 211 MAGIC OAKS SPRING, TX 77388 |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Todd A. Dunn* **TODD DUNN** **4/20/01** **(281) 716-2057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/00)