2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000004007

LASER TECH GRAPHIC SERVICES, INC.

FILED Mar 15, 2004 08:00 AM Secretary of State

Principal Place of Business

950 SOUTHEAST 8TH STREET HIALEAH, FL 33010

Mailing Address

2500 WEST LOOP SOUTH 500

HOUSTON, TX 77027



03032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 76-0573696 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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8. The above the obligat	named entity submits this statement for the plants of registered agent.	surpose of changing its registered office or	r registered agent, or bo	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and sile	Wapplicable (NOTE Registered Agent signat	ure required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000089742 03/16/04-80001-008 150.00
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT NORTON, CARL 2500 WEST LOOP STREET #500 HOUSTON, TX 77027			
TITLE NAME STREET ACORESS CITY-SI-ZIP	PS HYDE, JERRY L 2500 WEST LOOP STREET #500 HOUSTON TX 77057			

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12. If hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 319,07(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:

TITLE NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

CHY-ST-ZIP

HOME AND ROPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

Jerry L. Hyde

3/9/04

713-961-4700

Date

Daytime Phone #