

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90133 018 ***150.00

DOCUMENT # **F98000004917**

1. Corporation Name
ECI-SAN JOSE, INC.

Principal Place of Business

**415 SOUTH FIRST, STE. 210
P.O. DRAWER 100
LUFKIN TX 75902-0100**

Mailing Address

**415 SOUTH FIRST, STE. 210
P.O. DRAWER 100
LUFKIN TX 75902-0100**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

75-2778685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1929 ALLEN PARKWAY

Suite, Apt. #, etc.

22 10 TH FLOOR

City & State

23 HOUSTON TX

Zip Country

24 77019

25 USA

2a. Mailing Address

26 P O BOX 130548

Suite, Apt. #, etc.

27

City & State

28 HOUSTON TX

Zip Country

29 77219-0548

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE

NAME **HUNTER, JAMES P III**
STREET ADDRESS **415 SOUTH FIRST, STE. 210**
CITY-ST-ZIP **LUFKIN TX 75902-0100**

TITLE **VAS** ☒ DELETE

NAME **GERNER, W. CARDON**
STREET ADDRESS **415 SOUTH FIRST, STE. 210**
CITY-ST-ZIP **LUFKIN TX 75902-0100**

TITLE **V** ☒ DELETE

NAME **ROTTMAN, JACK D**
STREET ADDRESS **415 SOUTH FIRST, STE. 210**
CITY-ST-ZIP **LUFKIN TX 75902-0100**

TITLE **V** ☒ DELETE

NAME **WELLS, BILLY C**
STREET ADDRESS **415 SOUTH FIRST, STE. 210**
CITY-ST-ZIP **LUFKIN TX 75902-0100**

TITLE **V** ☒ DELETE

NAME **BURCH, CARLETON R**
STREET ADDRESS **415 SOUTH FIRST, STE. 210**
CITY-ST-ZIP **LUFKIN TX 75902-0100**

TITLE **V** ☒ DELETE

NAME **GRAY, PAUL**
STREET ADDRESS **415 SOUTH FIRST, STE. 210**
CITY-ST-ZIP **LUFKIN TX 75902-0100**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DP
JOSEPH A BRANDENBURG
1929 ALLEN PARKWAY
HOUSTON TX 77019

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP
CURTIS G BRIGGS
1929 ALLEN PARKWAY
HOUSTON TX 77019

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DS
SUZANNE DINEFF
1929 ALLEN PARKWAY
HOUSTON TX 77019

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T
JOHN H LOHMAN JR
1929 ALLEN PARKWAY
HOUSTON TX 77019

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D
LISA M NEWBURN
1929 ALLEN PARKWAY
HOUSTON TX 77019

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V
RAY A GIPSON
1929 ALLEN PARKWAY
HOUSTON TX 77019

☒ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE (AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

JOHN H LOHMAN JR 4/15/99 713/522-5141

Date

Daytime Phone #

CR2E034 (11/98)