2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am DOCUMENT # F9800004976 **Secretary of State** STANFORD CORPORATE SERVICES, INC. 02-08-2001 90037 005 ***158.75 Principal Place of Business Mailing Address 5050 WESTHEIMER 5050 WESTHEIMER 91049V HOUSTON TX 77056 HOUSTON TX 77056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 76-0547500 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE TITLE ☐ Change ☐ Addition ☐ Delete STANFORD, R. A NAME NAME **5050 WESTHEIMER** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77056** CITY-ST-ZIP Delete ☐ Change ☐ Addition SUAREZ, YOLANDA M NAME NAME 5050 WESTHEIMER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77056** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 'DAVIS' JAMES M NAME NAME 5050 WESTHEIMER STREET ADDRESS STREET ADDRESS **HOUSTON TX 77056** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

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

2/1/01

713.964.5100

Daytime Phone #