## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCÚMENT # F98000006294 Feb 04, 2000 8:00 am **Secretary of State DMC BUILDING COMPANY - TEXAS** 02-04-2000 90020 010 \*\*\*150.00 Mailing Address Principal Place of Business 6363 WOODWAY, STE, 1000 6363 WOODWAY, STE. 1000 HOUSTON TX 77057-1759 HOUSTON TX 77057 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 76-0517764 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition CVD ☐ Delete TITLE Change TITLE DINERSTEIN, T.H. NAME NAME STREET ADDRESS STREET ADDRESS 6363 WOODWAY, STE. 1000 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77057** ☐ Addition TITLE ☐ Change CEOP ☐ Delete TITLE NAME DINERSTEIN, JACK NAME STREET ADDRESS 6363 WOODWAY, STE. 1000 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **HOUSTON TX 77057** :Change Addition Delete-TITLE" -DTLE = CALTAGIRONE, VINCENT T III NAME NAME STREET ADDRESS STREET ADDRESS 6363 WOODWAY, STE, 1000 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77057** Change ☐ Addition ☐ Delete TITLE TITLE CAMPBELL, GARY NAME NAME STREET ADDRESS STREET ADDRESS 6363 WOODWAY, STE. 1000 CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77057 Addition Change ☐ Delete TITLE TITLE NAME ARNOLD, CLAUDE NAME STREET ADDRESS STREET ADDRESS 6363 WOODWAY, STE. 1000 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77057** Change ☐ Addition ☐ Delete TITLE TITLE WICK, C. MICHAEL NAME STREET ADDRESS STREET ADDRESS 6363 WOODWAY, STE. 1000 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77057**

13. 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 of 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

Condall Husmann

713,570,0312

Daytime Phone #