2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000000224

1. Entity Name SUH, INC.

Principal Place of Business

6363 WOODWAY SUITE 1000 HOUSTON, TX 77057-1757 Mailing Address

6363 WOODWAY SUITE 1000 HOUSTON, TX 77057-1757

FILED Feb 03, 2004 08:00 AM Secretary of State



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 76-0547454 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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.	I am familiar with, and accept
	the obligations of registered agent,	

SIGNATURE

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

(NOTE Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May 8e Added to Fees

U00000032038 <u>02/04/04-8017**4-**002</u>

OFFICERS AND DIRECTORS 10. CVD HELE DINERSTEIN, T.H. NAME STREET ADDRESS 6363 WOODWAY SUITE 1000 HOUSTON, TX 770571757 C#Y-ST-7IP TITLE CEOD DINERSTEIN, JACK NAME STREET ADDRESS 6363 WOODWAY SUITE 1000 City-St-ZiP HOUSTON, TX 770571757 COSD CALTAGIRONE, VINCENT T III NAME STREET ADDRESS 6363 WOODWAY SUITE 1000 CITY-ST-ZIP HOUSTON, TX 770571757 CFOT HUSMANN, RANDALL 6363 WOODWAY SUITE 1000 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 770571757 BILE NAME STREET ADDRESS CITY- ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 repetiver or thustee 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 attactly fect with all address, with all other like empowered.

SIGNATURE:

TATE

NAME

STREET ADDRESS

SQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL HUSMANN, CFO

18/2024

713.570.0300

Daylime Phone #