2001 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2001 8:00 am Secretary of State DOCUMENT # F9900001501 COMPUTER HARDWARE RESOURCES, INC. 01-24-2001 90061 036 ***150.00 Mailing Address Principal Place of Business 10200 HEMPSTEAD 10200 HEMPSTEAD 902464 HOUSTON TX 77092 HOUSTON TX 77092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 76-0437712 Not Applicable \$8.75 Additional Zip Country 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 COOPER, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 625 ALYSHEBA DRIVE CRESTVIEW FL 32536 Zip Code City 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. SIGNATURE (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. Atter 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. ☐ Change ☐ Addition Delete TITLE TITLE GARDNER, JANET S NAME 10200 HEMPSTEAD #1-H STREET ADDRESS STREET ADDRESS **HOUSTON TX 77092** CITY-ST-ZIP CITY-ST-ZIP XX Change ☐ Addition CD TITLE ☐ Delete TITLE WEAVER, KIRK K NAME NAME 5521 ARMOUR DRIVE STREET ADDRESS 4600 Gulf Freeway, Suite 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** Houston, TX Change -- Addition Delete TITLE --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE and Typed on PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Dayline Phone #

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 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