2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} DOCUMENT # **L90080** May 24, 2000 8:00 am Secretary of State 1. Entity Name **BROWN & ROOT BUILDING COMPANY** 05-24-2000 90078 038 ***150.00 Principal Place of Business Mailing Address 4100 CLINTON DR 6830 142ND AVE NO ATTN: TAX DEPT P.O. BOX 3 HOUSTON TX 77020-6237 CLEARWATER FL 34620 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 76-0315979 Not Applicable Country ----Country \$8.75 Additional-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Addition ☐ Delete TITLE BLURTON, J.H. NAME MAME STREET ADDRESS STREET ADDRESS 4100 CLINTON DR CITY-ST-ZIP CITY-ST-7IP **HOUSTON TX 77020** VSD ☐ Change ☐ Addition □ Delete ARBOUR, P.W. NAME STREET ADDRESS 4100 CLINTON DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP~ HOUSTON TX 77020 Change ☐ Addition □ Delete TITLE LAND, L J NAME 4100 CLINTON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** DC ☐ Addition ☐ Change TITLE Delete LESAR, D J NAMÉ NAME STREET ADDRESS STREET ADDRESS 4100 CLINTON DR. CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** PD ☐ Delete TITI F ☐ Change Addition TITLE MORRIS, G V NAME NAME STREET ADDRESS 4100 CUNTON DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 trusted employered 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.

NATURÉ AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D