| 2000 UNIFORM BUSINESS REPORT (UBR)              |  |  |   | AMENDED 2000 UBR                                  | 100                                       |  |
|---|--|--|---|---|---|--|
| DOCUMENT # M26278                               |  |  |   |   | 1012                                      |  |
| PALM BEACH TRANSPORTATION, INC.                 |  |  |   | FILED   | =   |  |
| Principal Place of Business Mailing Address     |  |  |   | 301 TO FM 3: 52                                   |   |  |
| 1700 FLORIDA<br>WEST PALM BE                    | A MANGO RD.<br>EACH, FL 33409                              | SUITE 500<br>ONE RIVERWAY<br>HOUSTON, TX 77056   |   | SECRETARY OF STA                                  | SECRETARY OF STATE<br>TALLAHASSEE FLORIDA |  |
| 2. Principal Place of Susiness                  |  | 3. Mailing Address   |   |   |   |  |
| Suite, Apr. #. etc.                             |  | Suite, Apt =, etc  |   | DO NOT WRITE IN THIS SPACE                        |   |  |
| City & State                                    |  | City & State   |   | 4. FEI Number 59–2630617                          | Applied For Not Applicable                |  |
| Zio   | Country  | Zip  | Country   | 5. Certificate of Status Desired                  | \$8.75 Additional<br>Fee Required         |  |
| 6. Name and Address of Current Registered Agent |  |  |   | 7. Name and Address of New Registered Agent       |   |  |
|   |  |  | Name  |   |   |  |
|   | RATION SERVICE C   | COMPANY  | Street Add  | s (P.O. Box Number is Not Acceptable)             |   |  |
| 1201 HAYS ST. TALLAHASSEE, FL 32301             |  |  |   |   |   |  |
|   |  |  | City  | FI  | Zip Code                                  |  |
| 8. The above named e                            | ntity submits this statement fo                            | or the purpose of changing its   | registered office or re                                       | egistered agent, or both, in the State of Florida |   |  |
| SIGNATURE                                       | ped or printed name of registered agent                    | end title if applicable (NOTE  | Registered Agent signature                                    | o required when reinstating) DATE                 |   |  |
| Signature. sy                                   | ped or printed name bi registered agent                    | The Continues of the Co | THE PARTY OF LIBERT WILL TO LANGE THE CO.                     | Site Manufacture in the same                      | <u></u> .                                 |  |
| •   | eligible to satisfy its Intangible nt and elects to do so. |  | II FEE IS \$150.00<br>00 Fee will be \$55<br>le to Department | 0.00 Trust Fund Contribution.                     | \$5.00 May Be Added to Fees               |  |
| 11.   | OFFICERS AND   | DIRECTORS  | 12.   | ADDITIONS/CHANGES TO OFFICERS AN                  |   |  |
| TITLE   |  | ☐ Delete   | TITLE   |   | ☐ Change ☐ Addition ☐                     |  |
| NAME  |  |  | NAME  | PLEASE SEE ATTACHED PAGE                          |   |  |
| STREET ADDRESS                                  |  |  | STREET ADDRESS  | CORRECT OFFICERS AND DIRE                         | CTORS                                     |  |

CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 90003325469--0 -07/17/00--01143--001 \*\*\*\*245\_00 \*\*\*\*\*\*61\_25 | Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ 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 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Kosurano Shayne A. Rosencrans, Asst. Corp. Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/00

<u>713-860-1764</u>

Daytime Phone \*

2012

## Directors and Officers of Palm Beach Transportation, Inc.

D Linda Bell One Riverway, Suite 500 Houston, Texas 77056

D/CEO Frank P. Gallagher One Riverway, Suite 500 Houston, Texas 77056

D/VP/CS Robert E. Longo One Riverway, Suite 500 Houston, Texas 77056

P James Barr One Riverway, Suite 500 Houston, Texas 77056

VP Frank Genovese 1406 Hays Street Houston, Texas 77009

ACS Shayne A. Rosecrans One Riverway, Suite 500 Houston, Texas 77056

T/ACS Michael Sanchez One Riverway, Suite 500 Houston, Texas 77056