

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 4:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P08269

(3)

1. Corporation Name

M.G.S.I., SECURITIES, INC.

Principal Place of Business

**THREE RIVERWAY, SUITE 1800
HOUSTON TX 77056**

Mailing Address

**THREE RIVERWAY, SUITE 1800
HOUSTON TX 77056**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1985

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

76-0116886

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

24

Zip

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title of corporation

(If the Registered Agent signature is used when filing this report)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VD
CALDWELL, STEVEN FLOYD
THREE RIVERWAY, #1800
HOUSTON TX**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**ST
GLENN, RANDA K.
THREE RIVERWAY, #1800
HOUSTON TX**

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PD
OGG, JAMES W.
THREE RIVERWAY, #1800
HOUSTON TX**

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

**C/D
Ogg, James W.
Three Riverway 1800
Houston, TX 77056**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VD
KOMAR, D. ANN
THREE RIVERWAY, #1800
HOUSTON TX**

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

**P/D
Komar, D. Ann
Three Riverway 1800
Houston, TX 77056**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VP
Ogg, Paula
Three Riverway 1800
Houston, TX 77056**

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

**VP
Ogg, Paula
Three Riverway 1800
Houston, TX 77056**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VP
Iverson, Jr., Clifton
Three Riverway 1800
Houston, TX 77056**

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

**VP
Iverson, Jr., Clifton
Three Riverway 1800
Houston, TX 77056**

☐ Change

☒ Addition

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Randa K. Glenn

Randa K. Glenn

4/12/95

(713) 552-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number