2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an aftachmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P09507** Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** TEXAS KENDALL CORP. 2-29-2000 90154 039 ***150.00 Mailing Address Principal Place of Business 1220 AUGUSTA 1220 AUGUSTA HOUSTON TX 77057-2212 HOUSTON TX 77057 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 76-0176618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .. 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLAND RD PLANTATION FL 33324 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Addition CD Change Delete TITLE Œ TITLE PARKER, ROBERT F JAMES S D'ACOSTINO, JR NAME 1220 AUGUSTA STREET ADDRESS STREET ADDRESS 1220 AUGUSTA DR **HOUSTON TX** CITY-ST-ZIP CITY-ST-7IP HOUSTON TX 77057 ☐ Change ☐ Addition Delete TIT) F TITLE CONDREY, WILLIAM V NAME NAME STREET ADDRESS 1220 AUGUSTA, 4TH FLOOR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOUSTON TX ☐ Change Addition Delete TITLE WISE, RHONDA C NAME NAME 1220 AUGUSTA STREET ADDRESS STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Channe TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an aftachment with an address with all other like empowered.

2/14/00

713-787-3117