

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90011 039 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P12823**

1. Corporation Name

**CATALYST TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

**1905 JASMINE DR  
BLDG E  
PASADENA TX 77503  
US**

**16825 NORTHCHASE DR  
1020  
HOUSTON TX 77060  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/08/1987**

4. FEI Number

**61-0852442**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, DM	
STREET ADDRESS	1905 JASMINE BLDG E	
CITY-ST-ZIP	PASADENA TX 77503-3223	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAIR, KS	
STREET ADDRESS	1905 JASMINE, BLDG E	
CITY-ST-ZIP	PASADENA TX 77503-3223	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLARK, C A	
STREET ADDRESS	1905 JASMINE, BLDG E	
CITY-ST-ZIP	PASADENA TX	
TITLE	DAT	<input type="checkbox"/> DELETE
NAME	BRADLEY, MA	
STREET ADDRESS	TWO GREESPOINT PLAZA, #1020	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SCHIMBOR, R.F.	
STREET ADDRESS	TWO GREENSPOINT PLAZA #1020	
CITY-ST-ZIP	HOUSTON TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAUL, S J	
STREET ADDRESS	900 LOUISIANA, 45TH FLOOR	
CITY-ST-ZIP	HOUSTON TX 77002	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/99

Date

281-874-2130

Daytime Phone #

CR2E034 (11/98)