FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	003 FOR PROFI IFORM BUSINE			Apr 28, 2003 8:00 am Secretary of State		
DOCUMENT # P16507 1. Entity Name TECHNI STRUCTURES, INC.				94-28-2003 90465 024 ***1 50.00		
Principal Place of Business 5220 MCKINNEY AVENUE 300 DALLAS TX 75205		Mailing Address 5220 MCKINNEY AVENUE 300 DALLAS TX 75205	The state of the s			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	المحادث المحاد	4. FEI Number 75-2151023 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	,	7. Name and Address of New Registered Agent		
			Name	Name		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Street Addre	ress (P.O. Box Number is Not Acceptable)			
I BRAINTON I E 30024			City	FL Zip Code		
	ions of registered agent.			gistered agent, or both, in the State of Florida. I am familiar with, and accept		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature req	required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESLIE, KEITH 5220 MCKINNEY AVENUE, 300 DALLAS TX 75205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RAJAGOPALAN, K.S. 5220 MCKINNEY AVENUE, 300 DALLAS TX 75205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST PENNEY, JOAN 5220 MCKINNEY AVENUE, 300 DALLAS TX 75205	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

12. 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 10 or Block 11 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN