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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. FEI Number	51-0285314	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="display: inline-block; border: 1px solid black; padding: 2px;">FL</div> <div style="display: inline-block; padding-left: 10px;">Zip Code</div>

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AC DOUGHERTY, T. P. 1111 BAGBY STREET HOUSTON TX 77002-0200 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003239002-1 -05/04/00-01014-002 ***1500.00 ***1500.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS KOCH, R.E. 2000 WESTCHESTER AVE WHITE PLAINS NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MORBY, G. C. 1111 BAGBY ST HOUSTON TX 77002-0200 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANDERSON, K. M. 2000 WESTCHESTER AVE WHITE PLAINS NY 10650 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Rudy, M. A. 2000 Westchester ave. White Plains NY 10650
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS NAMMOUR, A.J. 1111 BAGBY STREET HOUSTON TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD TILTON, G. F 1111 BAGBY ST. HOUSTON TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 78

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #