2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2004 08:00 AM Secretary of State DOCUMENT # P27436 UNITED STEEL STRUCTURES, INC. Principal Place of Business Mailing Address 16,000 BARKERS POINT LANE 16,000 BARKERS POINT LANE STE 255 HOUSTON, TX 77079 STE 255 HOUSTON, TX 77079 No Chg-P CR2E034 (10/03) 01162004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-1901014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 Fiorida, 1 am familiar with, and accept the obligations of registered agent. SIGNATURE ______Signature, typed or printed name of registared agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS CEO TITLE MURPHREE, TERENCE NAME 16000 BARKERS POINT LANE STREET ADDRESS *LLDDDDDDD0008769* CITY-ST-ZIP HOUSTON, TX 01/20/04-80078-010 150.00 TITLE NAME BOCK, KAREN STREET ADDRESS 16,000 BARKERS POINT LN CITY-ST-ZIP HOUSTON, TX TITLE SCHAFFRAN, WESLEY N. NAME STREET ADDRESS 16000 BARKERS POINT LANE DO NOT WRITE CITY-ST-ZIP HOUSTON, TX TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 sustee employees to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears with an other like empowered.

SIGNATURE:

CMY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

WESLEY N. SCHAFFRAN

1/16/04 281-496-1300

FILED