PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29746 1. Corporation Name

PIPING DESIGN SERVICES, INC.

Principal Place of Business
1320 Greenway Drive Suite 550 Irving TX 75038
IRVING TX 75038

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

1320 GREENWAY DRIVE SUITE 550

IRVING TX 75038

26

2a. Mailing Address

Suite, Apt. #, etc.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90215 023 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

06/12/1990

91-0996444

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re	1		
City & State				- 111	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t			
Zip	Country	Zip .	Country	•	8. This corporation owes the cur	rent year Int	angible			
24	25	29 30	1		Personal Property Tax.					
	9. Name and Address of Current				10. Name and Address of New	Registered	Agent			
		81	Name							
CT C	CORPORATION SYSTEM	82	Street Addre	ss (P.O. Box Number is Not Accept	able)					
1200	S. PINE ISLAND ROAD		02	Street Addres	35 (1 .O. Box Humoor to Horricoop	,				
PLAN	ITATION FL 33324		83							
			84	City			85 Zip ('ode		
		84	City		FL	. 65 2.5 (7000			
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec		nt signature required		DATE		20 111 40		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition		
TITLE	PD	☐ DELETE	1.1 TITLE 1.2 NAME				☐ Change	☐ Addiaon		
NAME	JANES, ARTHUR R.									
STREET ADDRESS	ET ADDRESS 1320 GREENWAY DRIVE			ADDRESS				1		
CITY-ST-ZIP	IRVING TX 75038		1.4 CITY-S	T-ZIP			= 0	CT + 1did		
TITLE	VTS	☐ DELETE	2.1 TITLE	-			☐ Change	Addition		
NAME	Baker, L. Allen, Jr.		2.2 NAME	1						
STREET ADDRESS	1320 GREENWAY DRIVE		2.3 STREET	ADDRESS	-					
CITY-ST-ZIP	IRVING TX 75038		2.4 CITY-8	T-ZIP						
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition		
NAME			32 NAME					}		
STREET ADDRESS	re .		3.3 STREET	ADDRESS				Ì		
CITY-ST-ZIP			3.4. CITY-5	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition		
NAME		•	4. 2 NAME	:						
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE	Ì			Change	Addition		
NAME			5.2 NAME					ļ		
STREET ADDRESS			5.3 STREE	TADDRESS				1		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition		
NAME			6.2 NAME							
STREET ADDRESS	A TOTAL STATE OF		6.3 STREE	T ADDRESS						
CITY-ST-ZIP	[16] (18) (1.18년 기계 및 17년 기계 (18) [18] (1.17년 - 18년 전 제 (18) (18)		6.4 CITY-S	T-ZIP						
· - · ·					estion 110 07/3\(ii) Florida Statutos	16.45	416 . 45 -4 45 - 1	- f ti		

r nereby 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 or an attack menture with an address, with all other like ampowered.