AP REIN	-	W	FLORIE	DA DEPAR Sandra B Secretar	TMENT OF STATE . Mortham y of State CORPORATIONS		TING THIS FORM.	n D	
DOCUMENT # P31706 1. Corporation Name NMR ACQUISITION CORP.						97 OCT 30 PM 12: LA SECRE IARY OF STATE TALLAHASSEE, FLORIDA			
									Principal P BIO TRAVIS SUITE 1000 HOUSTON 1 US
		incorrect in any way, line Address, If Applicable		ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 11/07/1990		
Suite, Apt. City & Stat				Suite, Apt. #, etc. City & State			76-0312111	Applied For Not Applicable	
Zip	Country		Zip		Country	6. CERTIFICA			
7. Names	and Street Ad		nd/or Director (FI	orida nonprofit	corporations must list at lea	<u>-</u>			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
DP	ROSS, WALTER			910 TRAVIS SUITE 1000			HOUSTON TX 77002		
DCFO	THOMAS, KENNEDY			910 TRAVIS SUITE 1000			HOUSTON TX 77002		
VST	RAINS, PATRICIA			910 TRAVIS SUITE 1000			HOUSTON TX 77002		
CCEO	CEO KIRK, RICK			910 TRAVIS SUITE 1000			HOUSTON TX 77002		
D	AGOSTINI,	ANDREW	·	919 N MICHIGAN			CHICAGO IL 60611		
VD	SMITH, DONALD A.			919 N. MICHIGAN			CHICAGO IL 60611	10 × ·	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM					Name N/	Name N/A			
1200 S. PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324					Sulte, Apt. #, Etc.	Sulte, Apt. #, Etc11/06/3701003004			
-					City		****165-00 FL	数 据 55.00—	
10. I, being	appointed th	e registered agent of the r	above named corp	ooration, am far	miliar with and accept the ob	ligations of Sec			
Signature o Registered	Agent $\underline{\mathcal{V}}$	<i>f</i> 1					Date		
		ration owes or Personal Prope		ne curren	it year	No 🗆	(See other side t on intangli		
this rein owed by	statement ap	plication, the reason for di Ion have been pald and th	ssolution has beer te names of Indivi	n eliminated, th duals listed on	e corporate name satisfies l	the requirement an exemption u	hapter 607 or 617, F.S. I further ce its of section 607.0401 or 617.040 Inder section 119.07(3)(I), F.S. The	i, F.S., that all fees	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PATRICIA RAINS, VICE PRESIDENT/SECRETARY/TREASURER

10-28-97

Daytime Phone # 713/209-5800





Scherry D. Sain LITIGATION ADMINISTRATOR RISK MANAGEMENT DEPARTMENT

October 28, 1997

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Dear Sirs:

Per my conversation with Leslie of your office, please find enclosed a check in the amount of \$165.00. I explained to Leslie that we did not receive any forms for filing the annual report for 1997 and had just received a Certificate in Good Standing in July. She said to forward the fees of \$165.00 and write a letter of explanation, hence this information.

Thank you so much for your attention to this matter and please let me know if there is anything else I need to do.

Very truly yours,

Scherry Sain

910 TRAVIS, SUITE 1000 HOUSTON, TEXAS 77002 OFF: 713/209-5818

F: 713/209-5818 FAX: 713/209-5780