

**COMPANION
ANNUAL REPORT
1995**

**Division of Corporations
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P33082 (9)
1. Corporation Name
NORTH AMERICAN CONTROLS CORPORATION

FILED
95 MAY -1 AM 8:22
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**18811 EL CAMINO REAL
STE 132
HOUSTON TX 77058-623
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1991		3a. Date of Last Report 04/21/1994	
21		26		4. FEI Number 74-2209594		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			
23		28					
Zip		Country		24		25	
29		30					

9. Name and Address of Current Registered Agent

**FINKBEINER, FRANK
CARR & FINKBEINER
489 N. ORANGE AVE.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	SAUCEDO, DANIEL	1.2 NAME	
STREET ADDRESS	12007 SHERRILL DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	SAUCEDO, MARTHA G.	2.2 NAME	
STREET ADDRESS	12007 SHERRILL DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Martha Saucedo* **MARTHA SAUCEDO** **4/24/95 (713) 486-9895**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name