FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37650** **(9)**

1. Corporation Name

SERV-TECH, INC. OF TEXAS

Principal Place of Business

5200 CEDAR CREST BLVD.
HOUSTON TX 77087
US

Mailing Address

PO BOX 4334
HOUSTON TX 77210
US

3. Date Incorporated or Qualified: **02/26/1992**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt #, etc. — 22

Suite, Apt #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **74-1398757** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

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 607.1508, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☒ DELETE	1.1 TITLE	CORPORATE CONTROLLER ☐ Change ☒ Addition
NAME	KRAJICEK, RICHARD W.	1.2 NAME	DALE WILHELM
STREET ADDRESS	5200 CEDAR CREST BLVD.	1.3 STREET ADDRESS	5200 CEDAR CREST
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	HOUSTON, TX
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAERR, RICHARD L	2.2 NAME	
STREET ADDRESS	5200 CEDAR CREST BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	TAS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SOLIS, H. PAT	3.2 NAME	
STREET ADDRESS	5200 CEDAR CREST BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CRESCI, ROBERT J.	4.2 NAME	
STREET ADDRESS	PECKS MGMT GROUP, ONE ROCKEFELLAR PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TUSA, DAVID P	5.2 NAME	
STREET ADDRESS	5200 CEDAR CREST BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PERRONE, FRANK A	6.2 NAME	
STREET ADDRESS	5200 CEDAR CREST BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	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: _____ 5/2/96 713-644-9974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)