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 # **P37704** **(4)**

1. Corporation Name
I.A. NAMAN + ASSOCIATES, INC.

Principal Place of Business
TWO GREENWAY PLAZA. 7TH FLOOR
HOUSTON TX 77046-0296

Mailing Address
TWO GREENWAY PLAZA. 7TH FLOOR
HOUSTON TX 77046-0296

3. Date Incorporated or Qualified: 03/02/1992
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 74-1690593 ☐ 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**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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	CEOP	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	SHERIDAN, PHILIP S.		1 2 NAME	
STREET ADDRESS	43 MISTFLOWER PLACE		1 3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLANDS TX		1 4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2 1 TITLE	☒ Change ☐ Addition
NAME	DURRETT, CHARLES E.		2 2 NAME	
STREET ADDRESS	10167 HANKA		2 3 STREET ADDRESS	8711 LINKTERRACE
CITY-ST-ZIP	HOUSTON TX		2 4 CITY-ST-ZIP	77025
TITLE	VP	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, WILLIAM H.		3 2 NAME	
STREET ADDRESS	3303 NORTH PARK		3 3 STREET ADDRESS	
CITY-ST-ZIP	MISSOURI CITY TX		3 4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, MARILYN N.		4 2 NAME	
STREET ADDRESS	2927 BURNING TREE LANE		4 3 STREET ADDRESS	
CITY-ST-ZIP	MISSOURI CITY TX		4 4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME	SAMS, CHARLES H		5 2 NAME	
STREET ADDRESS	5607 GREEN CRAIG		5 3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX		5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	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: [signature] Marilyn N. Howard 4/1/96 713/623-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)