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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37704

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

Principal Place of Business	Mailing Address
TWO GREENWAY PLAZA, 7TH FLOOR HOUSTON TX 77046-0296	TWO GREENWAY PLAZA, 7TH FLOOR HOUSTON TX 77046-0296

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/02/1992

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 74-1690593 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRASUELL, WALLACE		1.2 NAME		
STREET ADDRESS	5 HILSHIRE OAKS CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77055		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☑ Change ☑ Addition
NAME	DURRETT, CHARLES E.		2.2 NAME		
STREET ADDRESS	8711 LINKTERRACE		2.3 STREET ADDRESS	49 BRIAR HOLLOW LN. #901	
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP	77027	
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	77459	
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	77459	
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	77035	
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MADGET, JAMES E.		6.2 NAME		
STREET ADDRESS	5612 TERWILLINGER WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77056		6.4 CITY-ST-ZIP		

-CR2E034 (11/98)-

14. I hereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nasreen Nanji REQUIRED 713/860-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #