**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000069921 1. Corporation Name

STANFORD LEASING COMPANY, INC.

Principal Place of Business
5050 WESTHEIMER HOUSTON TX 77056

Mailing Address

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90174 046 \*\*\*150.00



5050 WESTHEIN HOUSTON TX 7					DO NOT WRITE IN THIS SPACE				
				-					
						3. Date Incorporated or Qualifed			
						08/12/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						74-2850557		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22			>-		, . 294	5. Certificate of Status Desired  -	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
28						Trust Fund Contribution	Added	d to Fees	
Zip	Country	Zip	Countr			8. This corporation owes the current year Inte	angible		
24	25	29	30			Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent		
				81	Name				
CORPORATION SERVICE COMPANY				_					
1201 HAYS STREET				82	Street Add	lress (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525				83	_				
Inte	AI MOOLL 1 L 3230 1-2323			03				1	
				84	City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	es, the at	oove	e-named corp	poration submits this statement for the purpose of	changing i	ts registered	
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized	bv i	the corporati	ion's board of directors. I hereby accept the appoin	ntment as i	registered	
agent. I ai	m familiar with, and accept the oblig	gations of, Section 607.0303, Pio	niva Statt	1169.				1	
SIGNATURE		MOTE A COLUMN AND	- Dagistarad	Agen	t ainmoturo roculit	ed when reinstating) DATE		<del></del> \	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered OFFICERS AND DIRECTORS 13.			Agon	t agriatoro rado	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	TORS IN 12	
		DELETE	1.1 TIT	1 F			Change		
TITLE	PC	LU DELLIC	1					-	
NAME	STANFORD, R. ALLEN		1.2 NA			•		ł	
STREET ADDRESS	505 WESTHEIMER		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	1.000.011 111.11000		1.4 CI		r-zip				
TITLE	S DELETE		2.1 🎹	2.1 TITLE			☐ Change	e Addition	
NAME	SUAREZ, YOLANDA 2		2.2 NA	ME	1				
STREET ADDRESS	5050 WESTHEIMR		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	HOUSTON TX 77056		2.4 CI	2.4 CITY-ST-ZIP					
TITLE			3.1 TIT	LΕ			☐ Change	e 🔲 Addition	
NAME .	DAVIS, JAMES M		3.2 NA	ME		•			
1	5050 WESTHEMIER				ADDRESS	•		1	
STREET ADORESS	1 7 2 7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
CITY-ST-ZIP			3.4. CI		1-41		☐ Change	e Addition	
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NAME	1		4. 2 N						
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CF		T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	e Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CF	TY-\$1	T-ZIP			]	
TITLE		☐ DELETE	6.1 TII	LE			Change	e Addition	
NAME	•		6.2 NA	ME				ł	
OTTO THE STATE OF			63ST	REFT	radoress i			ļ	
STREET ADDRESS				rv ei					

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 combration 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 chapted, or on an attachment with an address, with all other like empowered.

713 964-5100

Date

Daytime Phone #