## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 JUN -4 PM 2: 31 SECKETARY OF STATE

DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 3. Greenway Plaza 4. FEI Number 76-058418 2    Applied For     Name   County     Annie   County     Tought     For   For   For     For   For   For     Tought     For   For   For     Tought     For   For   For     For   For   For     For   For   For     Tought     For   For   For     For   For   For     Tought     For   For   For     For   For   For   For     For   For   For   For     For   For   For     For   For   For   For     For   For   For   For     Fo	1. Entity Nam	MENT # P986 ld & sons, Inc.	6061723			TALLAHASSEE, FLORI	DA .		
2. Principal Picco of Business 3. Amiling Address 3. Greenway Plaza 3. Greenway Plaz				CDAC					
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Suite 1900  City & State   City & City & State   City & City & Cit				Plaza		DO NOT WRITE IN THIS SPACE			
Houston, Texas   Houston, Texas   T6-0584182   Not Applicable   Status Desired   \$8.75 Additional Fee Required   \$1.00 NoT WRITE   Status Desired   \$1.00 NoT WRITE   Status Desired Agent   Not Acceptable   Not Received Agent   Not Received	1	·	1						
To Country Harris 77046 Country Harris 77046			City & State				Applied For		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent.    Signature   Squalar interest or registered agent   Squalar interest or registered agent		·····	<del></del>	<del></del>		76-0584182	Not Applicable		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    City Tallahasse   FL   Zip Code 32301				1	•				
DO NOT WRITE IN THIS SPACE  IN THIS SPACE  1201 Hays Street  Cray Tallahassee  1201 Hays Street  Cray Tallahassee  FL   Zip Code 32301  Trust Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature type or princed name of registered agent.  Signature type or princed name of registered pagent are nice illappicable.  IN THIS Space  IN THIS SPACE  1201 Hays Street  Cray Tallahassee  FL   Zip Code 32301  Trust Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, are produced when the obligations of registered agent, are produced when the obligations	77046	Harris	77046	Har	ris	7. Name and Address of Current Projector	<del></del>		
SIGNATURE  Signature 1, May 1 Fee is \$150.00  After May 1, Fee is \$150.00  Amended UBRI is \$150.					Name		o Agent		
In this space  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obliga		DANATI	VOITE E		Corpo	oration Service Company			
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Amended UBR is \$61:25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  Director, President, Treas urer  Todd A. Matherne 3 Greenway Plaza, Ste. 1900  ITILE  Vice President, Secretary  John A. Hale, Jr. 3 Greenway Plaza, Ste. 1900  Houston, TX 77046  ITILE  Vice President, Secretary  John A. Hale, Jr. 3 Greenway Plaza, Ste. 1900  Houston, TX 77046  ITILE  Vice President, Asst. Trea surer  Robert P. Arnold 3 Greenway Plaza, Ste. 1900  Houston, TX 77046  ITILE  Vice President, Asst. Trea surer  Robert P. Arnold 3 Greenway Plaza, Ste. 1900  Houston, TX 77046  ITILE  Vice President, Asst. Secretary  Edward J. Lamprecht  SIRET ADDRESS  GIY-SI-ZIP  ITILE  Vice President, Asst. Secretary  Edward J. Lamprecht  SIRET ADDRESS  SIRET ADDR	the obligati	ons of registered agent.  Signature, typed or printed name of registered agent.  10aTy 11 - May 1, Fee is \$150.00				when (unstating) DATE			
INTE NAME SIREIT ADDRESS CITY-SI-ZIP HOUSTON, TX 77046  INTE NAME SIREIT ADDRESS CITY-SI-ZIP NAME SIREIT ADDRESS CITY-SI-ZIP HOUSTON, TX 77046  INTE NAME SIREIT ADDRESS CITY-SI-ZIP AMAE SIREIT ADDRESS CITY-SI-ZIP HOUSTON, TX 77046  INTE NAME SIREIT ADDRESS CITY-SI-ZIP AMAE SIREIT ADDRESS CITY-SI-ZIP CITY-SI-ZIP AMAE SIREIT ADDRESS CITY-SI-ZIP CITY-SI-ZIP AMAE SIREIT ADDRESS CITY-SI-ZIP CITY-		Amended UBR is \$61.25	of State			, , , , , , , , , , , , , , , , , , , ,			
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Edward J. Lamprecht 3 Greenway Plaza, Ste. 1900		Vice President, Ass	st. Secretary		THE REPORT OF BUILDINGS	IN THIS SPA	CE LINE		
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

THLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TWA. H. John A.

RE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

ale, Ir.

6-2-03

Daytime Phone #

CR2E034B (12/02



ACCOUNT NO. : 07210000032

REFERENCE :

117084

7187011

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AUTHORIZATION

COST LIMIT

ORDER DATE: June 3, 2003

ORDER TIME : 11:04 AM

ORDER NO. : 117084-035

CUSTOMER NO: 7187011

CUSTOMER: Ms. Monique N. Diaz

Encompass Services Corporation

Suite 2000

3 Greenway Plaza Houston, TX 77046

## ANNUAL REPORT FILING

XX \_\_ ANNUAL REPORT

NAME: WIEGOLD & SONS, INC.

TSIUN OF CORPORATION	03 JUN -4 AM II: 23	RECEIVED.
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PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:

CERTIFIED COPY \_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: