

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90116 048 \*\*\*150.00

0812 37 AT

**DOCUMENT # P98000016206**

1. Entity Name

**PARALLEL PRODUCTS OF FLORIDA, INC.**

Principal Place of Business

**411 NORTH SAM HOUSTON PKWY. E.  
 SUITE 400  
 HOUSTON TX 77060  
 US**

Mailing Address

**411 NORTH SAM HOUSTON PKWY. E.  
 SUITE 400  
 HOUSTON TX 77060  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3507761**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
 NAME **P**  
 STREET ADDRESS **LAWLOR, MICHAEL P**  
 CITY-ST-ZIP **411 N SAM HOUSTON PKWY E, STE 400  
 HOUSTON TX 77060**

TITLE ☐ Change ☒ Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **JOHN MIXLICH**  
 CITY-ST-ZIP **411 N. SAM HOUSTON PARKWAY E., Suite 400  
 HOUSTON TX 77060**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **BLACKWELL, EARL J**  
 CITY-ST-ZIP **411 N SAM HOUSTON PKWY E, STE 400  
 HOUSTON TX 77060**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **AS**  
 STREET ADDRESS **ROOYAN, GARY VAN**  
 CITY-ST-ZIP **411 N SAM HOUSTON PKWY E, STE 400  
 HOUSTON TX 77060**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **READ, STEVE**  
 CITY-ST-ZIP **411 N. SAM HOUSTON PKWY E. STE 400  
 HOUSTON TX 77060**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE: EARL Blackwell**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**281-272-4500**

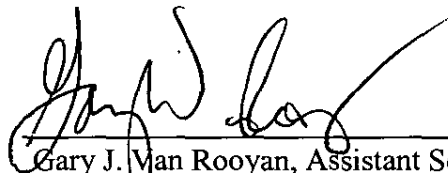
CR2E034 (9/01)

Attachment  
Doc# P980000d6200/600353

**CERTIFICATE OF ASSISTANT SECRETARY**  
**OF**  
**PARALLEL PRODUCTS OF FLORIDA, INC**

I hereby certify that I am the Assistant Secretary of PARALLEL PRODUCTS OF  
FLORIDA, INC.

I further certify that the attached WRITTEN CONSENT OF SOLE DIRECTOR is a true  
and complete copy of the original document, was duly adopted on the date written thereon and  
remains in full force and effect.

  
\_\_\_\_\_  
Gary J. Van Rooyan, Assistant Secretary  
2/4/02  
\_\_\_\_\_  
Date

Attachment  
Doc# PA800000110202/600353

**PARALLEL PRODUCTS OF FLORIDA INC.**

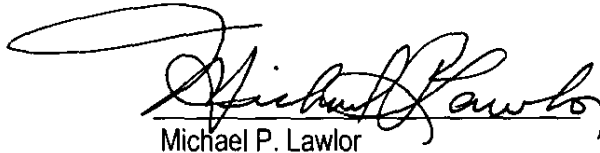
**WRITTEN CONSENT OF SOLE DIRECTOR**

The undersigned, being the sole member of the Board of Directors of PARALLEL PRODUCTS OF FLORIDA INC., a Florida corporation (the "Company"), hereby adopts the following resolution by unanimous consent:

RESOLVED, that the following named persons be, and they hereby are, elected to the office(s) set opposite their respective names, each to serve until the earliest to occur of (i) his death, resignation or removal, or (ii) the election of his successor.

John Miklich	President
Earl J. Blackwell	Senior Vice President and Secretary
Gary Van Rooyan	Senior Vice President and Assistant Secretary
Keith Beck	Executive Vice President
Frank Moore	Vice President
Steve Read	Treasurer

IN WITNESS WHEREOF, the undersigned has executed this written consent as of the 7th day of November, 2001.

  
Michael P. Lawlor

**BEING THE SOLE DIRECTOR OF THE  
COMPANY**