## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2000 8:00 am Secretary of State OCUMENT # **P98000086034** SPOOR ELECTRIC, INC. 05-10-2000 90093 005 \*\*\*150.00 micipal Place of Business Mailing Address 515 POST OAK BLVD., SUITE 450 CLEARY RD. HOUSTON TX 77027 : PALM BEACH FL 33413-1645 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 74-2899568 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CENTICE CHAIRMAN OF THE CR2E034 (9/99) 150 Addition H. DAVID RAMM WISE, JIM NAME 515 POST DAK BLAD, STE. 450 STREET ADDRESS 515 POST OAK BLVD., STE. 450 HOUSTON TX 77027 CITY-ST-ZIP ST ZIP HOUSTON TX 77027 ☐ Delete ☐ Change ☐ Addition WOMBWELL, JOHN NAME 515 POST OAK BLVD., STE. 450 STREET ADORESS CITY-ST-ZIP \$T-ZIP **HOUSTON TX 77027** Change Addition CAO ☐ Delete DEPASCAL, NEIL JR. NAME 515 POST OAK BLVD., STE. 450 STREET ADDRESS ADDDLCC CITY-ST-ZIP ST-ZIP **HOUSTON TX 77027** □ Change Addition CF<sub>0</sub> ☐ Delete TITLE STANLEY, FLORANCE NAME STREET ADDRESS 515 POST OAK BLVD., STE. 450 CITY-ST-ZIP **HOUSTON TX 77027** ST-ZIP Change ☐ Addition KELYWEGT, JOHN KLEYWEGT, John Delete TITLE NAME 165 CLEARY RD., SUITE B1 STREET ADDRESS ктиницёў CITY-ST-ZIP WEST PALM BEACH FL 33413-1645 ST ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS ADDRESS: CITY-ST-ZIP ST-7IP

I hereby certify that the information supplied with this filling 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.

::::NATURE:

JOHN KLEYWEGT PRESIDENT

4-26-00 (561)684-9202

Daytime Ph