2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P9800086034 1. Entity Name SPOOR ELECTRIC, INC. 04-30-2001 90042 029 ***150.00 Principal Place of Business Mailing Address 165 CLEARY RD. 515 POST OAK BLVD., SUITE 450 SUITE B1 HOUSTON TX 77027 1016044 WEST PALM BEACH FL 33413-1645 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-2899568 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City Zio 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 (NOTS: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **VCOB** TiTLE ☐ Delete TITLE Change Addition WISE, JIM NAME NAME 515 POST OAK BLVD., STE. 450 STREET ADDRESS STREET ADDRESS CITY - ST - ZIE **HOUSTON TX 77027** CITY-ST-7:P VAS TITLE Delete TITLE Change ■ Addition WOMBWELL, JOHN NAME NAME STREET ADDRESS 515 POST OAK BLVD., STE. 450 STREET ADDRESS. CITY ST-ZIP **HOUSTON TX 77027** CITY - ST - 7!F CAO TSTS F ☐ Delete TITLE ☐ Change Addition DEPASCAL, NEIL JR. NAME NAME STREET ADDRESS 515 POST OAK BLVD., STE. 450 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77027** CITY - ST - ZIP CFO Delete 1011.5 TITLE ☐ Change Addition STANLEY, FLORANCE NAME MAME STREET ADDRESS 515 POST OAK BLVD., STE. 450 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77027** CITY-ST-ZIP 317LF ☐ Delete TITLE Addition Change NAME KLEYWEGT, JOHN NAME STREET ADDRESS 165 CLEARY RD., SUITE B1 STREET ADDRESS C:TY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33413-1645 CEO SITE ☐ Delete II"LE ☐ Change Addition RAMM, H. DAVID NAME NAME

13. Thereby 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 f changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

HOUSTON TX 77027

515 POST OAK BLVD. SUITE 450

STREET ADDRESS

CiTY-ST-7!P

-SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-684-9200