

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 841560 (6)**

1. Corporation Name  
**CALEB BRETT U.S.A., INC.**



Principal Place of Business  
**5051 WESTHEIMER  
 POST OAK TOWER, 17 FLOOR  
 HOUSTON TX 77056  
 US**

Mailing Address  
**PO BOX 12973  
 HOUSTON TX 77217-2973  
 US**

3. Date Incorporated or Qualified  
**10/02/1978**

3a. Date of Last Report  
**03/19/1996**

4. FEI Number  
**72-0703433**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | VP                   | <input type="checkbox"/> DELETE |
| NAME           | MACKIN, BRENT V.     |                                 |
| STREET ADDRESS | 420 HAVERFORD PL     |                                 |
| CITY-ST-ZIP    | SWARTHMORE PA        |                                 |
| TITLE          | VP                   | <input type="checkbox"/> DELETE |
| NAME           | LE BLANC, STEVEN J.  |                                 |
| STREET ADDRESS | 6423 LAWRIDGE        |                                 |
| CITY-ST-ZIP    | BATON ROUGE LA       |                                 |
| TITLE          | V                    | <input type="checkbox"/> DELETE |
| NAME           | RHINEHART, LLOYD D.  |                                 |
| STREET ADDRESS | 4710 KIPPER CIRCLE   |                                 |
| CITY-ST-ZIP    | PASADENA TX          |                                 |
| TITLE          | P                    | <input type="checkbox"/> DELETE |
| NAME           | KAMINSKI, RICHARD M. |                                 |
| STREET ADDRESS | 13242 OREGOLD DRIVE  |                                 |
| CITY-ST-ZIP    | HOUSTON TX           |                                 |
| TITLE          | ST                   | <input type="checkbox"/> DELETE |
| NAME           | GILL, STEPHEN N.     |                                 |
| STREET ADDRESS | 14950 BRAMBLEWOOD    |                                 |
| CITY-ST-ZIP    | HOUSTON TX           |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do 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 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 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: *Stephen N. Gill* **STEPHEN N. GILL, C.F.O.** 1/16/97 713 407 3633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)