
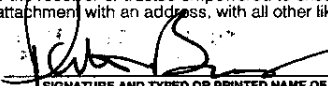


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90043 019 ***150.00

DOCUMENT # F93000004739					
1. Entity Name HYDROCHEM INDUSTRIAL SERVICES, INC.					
Principal Place of Business 900 GEORGIA AVENUE DEER PARK, TX 77536 US			Mailing Address 900 GEORGIA AVENUE DEER PARK, TX 77536 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-2503906	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 S PINE ISLAND RD 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, B. TOM JR		NAME		
STREET ADDRESS	5956 SHERRY LN., #930		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75225		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINDLER, MICHAEL P		NAME		
STREET ADDRESS	900 GEORGIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DEER PARK, TX 77536		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, PATRICIA K		NAME		
STREET ADDRESS	900 GEORGIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DEER PARK, TX 77536		CITY-ST-ZIP		
TITLE	PCOO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, DONOVAN		NAME		
STREET ADDRESS	900 GEORGIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DEER PARK, TX 77536		CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PELHAM H.A.		NAME		
STREET ADDRESS	900 GEORGIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DEER PARK, TX 77536		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SABOE, STEPHEN H., JR.	
STREET ADDRESS			STREET ADDRESS	900 GEORGIA AVENUE	
CITY-ST-ZIP			CITY-ST-ZIP	DEER PARK, TX 77536	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Patricia K. Burns		2/5/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 713-393-5600	