

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996-2-30-96

B-1355-NIC

DOCUMENT # **F93000004739 (9)**

1. Corporation Name

HYDROCHEM INDUSTRIAL SERVICES, INC.



Principal Place of Business

Mailing Address

6210 ROTHWAY
150
HOUSTON TX 77040
US

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150
HOUSTON TX 77040
US

3. Date Incorporated or Qualified
10/18/1993

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
75-2503906

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARTER, B. TOM JR	
STREET ADDRESS	5956 SHERRY LN., #930	
CITY-ST-ZIP	DALLAS TX 75225	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEINDLER, MICHAEL P	
STREET ADDRESS	6210 ROTHWAY #150	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCWILLIAMS, THOMAS F	
STREET ADDRESS	2001 ROSS AVE., #3050	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HELBLING, PAUL A.	
STREET ADDRESS	1145 HWY 90A	
CITY-ST-ZIP	MISSOURI CITY TX	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	INGRAM, WILLIAM E	
STREET ADDRESS	6210 ROTHWAY #150	
CITY-ST-ZIP	HOUSTON TX	
TITLE	ASST	<input type="checkbox"/> DELETE
NAME	CONRAD, CHRIS	
STREET ADDRESS	6210 ROTHWAY #150	
CITY-ST-ZIP	HOUSTON TX	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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: *Chris Conrad* **CHRIS CONRAD**
ASSISTANT TREASURER 2/14/96 713/462-2130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)