

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90022 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000004739**

1. Corporation Name  
**HYDROCHEM INDUSTRIAL SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6210 ROTHWAY 150 HOUSTON TX 77040 US	Mailing Address 6210 ROTHWAY 150 HOUSTON TX 77040 US
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3. Date Incorporated or Qualified <b>10/18/1993</b>	
4. FEI Number <b>75-2503906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 900 Georgia Avenue Suite, Apt. #, etc. 22 City & State 23 <u>Deer Park, Texas</u> Zip Country 24 77536 25 Harris	2a. Mailing Address 26 900 Georgia Avenue Suite, Apt. #, etc. 27 City & State 28 <u>Deer Park, Texas</u> Zip Country 29 77536 30 Harris
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**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	85 Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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	CC	<input type="checkbox"/> DELETE
NAME	BURNS, PATRICIA	
STREET ADDRESS	6210 ROTHWAY #150	
CITY-ST-ZIP	HOUSTON TX 77040-5037	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, PELHAM H	
STREET ADDRESS	6210 ROTHWAY, #150	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	LITTLE, SELBY F III	
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	

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	900 Georgia Avenue
2.4 CITY-ST-ZIP	Deer Park, Texas 77536
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	900 Georgia Avenue
3.4 CITY-ST-ZIP	Deer Park, Texas 77536
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	900 Georgia Avenue
4.4 CITY-ST-ZIP	Deer Park, Texas 77536
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900 Georgia Avenue
5.4 CITY-ST-ZIP	Deer Park, Texas 77536
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	900 Georgia Avenue
6.4 CITY-ST-ZIP	Deer Park, Texas 77536

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99  
Date

713-393-5600  
Daytime Phone #

CR2E034 (11/98)