FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:07

DOCUMENT # **F94000004721 (6)**

1. Corporation Name
ISI OPERATING CORP.

Principal Place of Business	Mailing Address
PO BOX 70161 HOUSTON TX 77270-0161	PO BOX 70161 HOUSTON TX 77270-0161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 711 RANKIN ROAD	26 P.O. BOX 73487
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOUSTON TEXAS	City & State 28 HOUSTON TEXAS
Zip 24 77073 Country 25	Zip 29 77273 Country 30

4. FEI Number: 76-0441591 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: (If changing Registered Agent, Registered Agent must sign above.) (REQUIRED) Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	11 TITLE	☐ Change ☐ Addition
NAME	ELIFF, ROY C	12 NAME	
STREET ADDRESS	1520 OLIVER ST.	13 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77007	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, G. DAVID	22 NAME	
STREET ADDRESS	1520 OLIVER ST.	23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77007	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GOEBEL, MICHAEL	32 NAME	
STREET ADDRESS	1520 OLIVER ST.	33 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77007	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	APPLEGATH, JAMES	42 NAME	
STREET ADDRESS	1520 OLIVER ST.	43 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77007	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	~~ANDERSON, MIKE~~	52 NAME	
STREET ADDRESS	~~1520 OLIVER ST.~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~HOUSTON TX 77007~~	54 CITY-ST-ZIP	
TITLE	ST	61 TITLE	☐ Change ☐ Addition
NAME	LEWIS, R. EMISON	62 NAME	
STREET ADDRESS	1520 OLIVER ST.	63 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77007	64 CITY-ST-ZIP	

delete

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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: R. E. LEWIS 2/2/95 713/2338009
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0481148 FP