2001 UNIFORM BUSINESS REPORT (UBR)

Jun 14, 2001 8:00 am DOCUMENT # F94000004721 Secretary of State 06-14-2001 90009 038 ***550.00 ISI OPERATING CORP. Principal Place of Business Mailing Address 711 RANKIN ROAD PO BOX 73487 HOUSTON TX 77073 HOUSTON TX 77273 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 76-0441591 Not Applicable Zip -Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 🦠 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CPCE Addition ☐ Change ☐ Delete TITLE TITLE HERBERT, TOMOTHY H NAME NAME 711 RANKIN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON TX CITY-ST-ZIP ST TITLE Addition TITLE □ Delete WAGNER, LARRY J NAME NAME 711 RANKIN ROAD STREET ADDRESS STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE PONTIKES, GEORGE NAME NAME 711 RANKIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP ☐ Delete TITLE VICE PRESIDENT ☐ Change Addition TITLE NAME NAME STEVE HOSPER STREET ADDRESS STREET ADDRESS TIL BYAR IIL CITY-ST-ZIP CITY-ST-ZIP 77073 אד TITLE C☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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SNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

13. Thereby 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