2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F97000003824 Jun 05, 2000 8:00 am 1. Entity Name Secretary of State DA Consulting Group (USA), Inc. 06-05-2000 90021 012 ***150.00 Principal Place of Business Mailing Address C/O. Apre + Kimbrell, L.L.P. 5847 SAN Felipe, Suite 3700 1650 Highway 6, Suite 100 HOUSTON, TEXAS 77057 **66000000** Sugar LAND, TEXAS 77478 3. Mailing Address 2. Principal Place of Business Same As Above SAME AS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable 76-0222711 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 660 E. Jefferson St. Tallahassee, FL 32301 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Addition Delete TITLE TITL F Virginia L. Pierpont NAME NAME 5847 Sau Felipe, Suite 3700 STREET ADDRESS STREET ADDRESS HOUSTON, TEXAS 77057 CITY-ST-ZIP CITY-ST-ZIP **X** Change ■ Addition TITLE ☐ Delete TITLE John Mitchell NAME NAME 5847 SAN Felipe, Suite 3700 STREET ADDRESS STREET ADDRESS HOUSTON, TEXAS 77057 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE TITLE Dennis Fairchild NAME 5847 SAN Felipe, Suite 3700 STREET ADDRESS STREET ADDRESS HOUSTON, TEXAS 77057 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attach ent with an address, with all other like empowered. ranis c. Funchild-Cho 5/1/2000 7/336/3120