

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90078 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006328

1. Corporation Name
DANIEL MEASUREMENT SERVICES, INC.



Principal Place of Business PO BOX 19097 HOUSTON TX 77224	Mailing Address PO BOX 19097 HOUSTON TX 77224
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9753 Pine Lake Dr. Suite, Apt. #, etc. 22 City & State 23 Houston, TX Zip Country 24 77055 Harris 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/17/1998		4. FEI Number 76-0497827 Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SITTON, J D		1.2 NAME		
STREET ADDRESS	9753 PINE LAKE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77055		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MICHAEL B		2.2 NAME		
STREET ADDRESS	9753 PINE LAKE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77055		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREHM, PETER		3.2 NAME		
STREET ADDRESS	9753 PINE LAKE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77055		3.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIDWELL, JAMES M		4.2 NAME		
STREET ADDRESS	9753 PINE LAKE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77055		4.4 CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YELLIN, MICHAEL R		5.2 NAME		
STREET ADDRESS	9753 PINE LAKE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77055		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, KATIE-PAT		6.2 NAME		
STREET ADDRESS	9753 PINE LAKE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77055		6.4 CITY-ST-ZIP		

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: Michael R Yellin 4/19/99 713-467-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)