

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000003059**

1. Entity Name

CADCENTRE, INC.

Principal Place of Business

10700 RICHMOND AVE., SUITE 300
HOUSTON TX 77042

Mailing Address

10700 RICHMOND AVE., SUITE 300
HOUSTON TX 77042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

KIRK HOOD
ASSISTANT SECRETARY

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: **PD** Delete
NAME: **LITTLETON, PETER**
STREET ADDRESS: **800 DELAWARE AVE., SUITE 610**
CITY-ST-ZIP: **WILMINGTON DE 19801**

TITLE: **VD** Delete
NAME: **REED, KATHLEEN H**
STREET ADDRESS: **10700 RICHMOND AVE., SUITE 300**
CITY-ST-ZIP: **HOUSTON TX 77042**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
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 attachment with an address, with all other like empowered.

SIGNATURE: **X Kathleen Reed**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/00
Date

713-977-1225
Daytime Phone #

01-25-2001 90263 002 ***750.00
FILED 01-25-2001 90263 001 ***150.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -2 AM 10:09



REINSTATEMENT

4. FEI Number 06-1136974

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (5/00)

1/30/01