

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 FEB -8 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M26278			
1. Entity Name PALM BEACH TRANSPORTATION, INC.			
Principal Place of Business 1700 FLORIDA MANGO ROAD WEST PALM BEACH FL 33409 US		Mailing Address SUITE 500 ONE RIVERWAY HOUSTON TX 77056 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2630617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, LINDA ONE RIVERWAY, STE. 500 HOUSTON TX 77056-1921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr David Young One Riverway, Ste 500 Houston, TX 77056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GALLAGHER, FRANK P ONE RIVERWAY, STE. 500 HOUSTON TX 77056-1921 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCS LONGO, ROBERT E ONE RIVERWAY, STE. 500 HOUSTON TX 77056-1921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004897235 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARR, JAMES ONE RIVERWAY, STE. 500 HOUSTON TX 77056-1921 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENOVESE, FRANK ONE RIVERWAY, STE. 500 HOUSTON TX 77056-1921 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS ROSECRANS, SHAYNE A ONE RIVERWAY, SUITE 500 HOUSTON TX 77056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shayne A. Rosecrans Shayne A. Rosecrans 01-23-02 (713) 888 0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0571154
CR2E034 (9/01)



ACCOUNT NO. : 072100000032
 REFERENCE : 419083 7111512
 AUTHORIZATION : *Patricia Pizote*
 COST LIMIT : \$ 150

ORDER DATE : February 7, 2002
 ORDER TIME : 11:42 AM
 ORDER NO. : 419083-075
 CUSTOMER NO: 7111512
 CUSTOMER: Ms. Shayne A. Rosecrans
 Coach Usa
 One Riverway
 Suite 500
 Houston, TX 770561903

RECEIVED
 02 FEB - 8 PM 1:53
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: PALM BEACH TRANSPORTATION INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: _____