

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005219 (1)**

1. Corporation Name
STRATEGIC MATERIALS, INC.

Principal Place of Business
**5151 SAN FELIPE
SUITE #1400
HOUSTON TX 77056**

Mailing Address
**5151 SAN FELIPE
SUITE #1400
HOUSTON TX 77056**

2. Principal Place of Business

2a. Mailing Address

| | |
|----|----|
| 21 | 26 |
| 22 | 27 |
| 23 | 28 |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLHASSEE FL 32301**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | City |
| 84 | Zip Code |

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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Deborah D. Skipper as agent* **Deborah D. Skipper, as agent** 11-24-98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HALE, RANDALL B | |
| STREET ADDRESS | 5151 SAN FELIPE, SUITE 1400 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CORLEY, I T | |
| STREET ADDRESS | 5151 SAN FELIPE, SUITE 1400 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |
| TITLE | CT | <input type="checkbox"/> DELETE |
| NAME | PARKER, JERRY | |
| STREET ADDRESS | 5151 SAN FELIPE, SUITE 1400 | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BOWLES, STEVEN B | |
| STREET ADDRESS | 5151 SAN FELIPE, SUITE 1400 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LEHMAN, NOLAN | |
| STREET ADDRESS | 5151 SAN FELIPE, SUITE 1400 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BUCEY, CURTIS R | |
| STREET ADDRESS | 5151 SAN FELIPE, SUITE 1400 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |

| | | |
|-----|-------------------|--|
| 13. | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| | 12 NAME | |
| | 13 STREET ADDRESS | |
| | 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| | 21 TITLE | |
| | 22 NAME | |
| | 23 STREET ADDRESS | |
| | 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| | 31 TITLE | |
| | 32 NAME | |
| | 33 STREET ADDRESS | |
| | 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| | 41 TITLE | |
| | 42 NAME | |
| | 43 STREET ADDRESS | |
| | 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| | 51 TITLE | |
| | 52 NAME | |
| | 53 STREET ADDRESS | |
| | 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| | 61 TITLE | |
| | 62 NAME | |
| | 63 STREET ADDRESS | |
| | 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

FILED
99 MAR -4 AM 8:56
FLORIDA DEPARTMENT OF STATE
TALLHASSEE, FLORIDA

REINSTATEMENT 98-99

3. Date Reinstated or Ordered
11/17/1993

4. FEI Number
76-0297116

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. Has corporation owner or has paid the current year Intangible Personal Property Tax due June 30 Yes No

10. Name and Address of New Registered Agent

FL 85 Zip Code

100002801391 - 51
- 03/10/99 - 01102 - 004
****300.00 ****500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature, which has 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.

SIGNATURE: *[Signature]* 4/30/98 (713) 622-3900

CR2E034 (10/97)