

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90003 029 \*\*\*150.00

**DOCUMENT # F93000005219**

1. Entity Name

**STRATEGIC MATERIALS, INC.**

Principal Place of Business

Mailing Address

5151 SAN FELIPE  
 SUITE #1400  
 HOUSTON TX 77056

5151 SAN FELIPE  
 SUITE #1400  
 HOUSTON TX 77056-3609

2. Principal Place of Business

**15990 N. BARKERS LANDING**

3. Mailing Address

**15990 N. BARKERS LANDING**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 150**

**SUITE 150**

City & State  
**HOUSTON, TX**

City & State  
**HOUSTON, TX**

4. FEI Number

**76-0297116**

Applied For

Not Applicable

Zip  
**77079**

Country

Zip  
**77079**

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW! FEES \$36.00**  
**After MAY 31, 2000, fee is \$50.00**  
**Make checks payable to the Secretary of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALE, RANDALL B</b> <b>5151 SAN FELIPE, SUITE 1400</b> <b>HOUSTON TX 77056</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RANDALL B. HALE</b> <b>2929 ALLEN PARKWAY</b> <b>HOUSTON, TX 77019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORLEY, I T</b> <b>5151 SAN FELIPE, SUITE 1400</b> <b>HOUSTON TX 77056</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>I.T. CORLEY</b> <b>15990 N. BARKERS LANDING, STE 150</b> <b>HOUSTON, TX 77079</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT</b> <b>PARKER, JERRY</b> <b>5151 SAN FELIPE, SUITE 1400</b> <b>HOUSTON TX</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SR. V.P. / TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ALLAN GOERTZ</b> <b>15990 N. BARKERS LANDING, STE 150</b> <b>HOUSTON, TX 77079</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOWLES, STEVEN B</b> <b>5151 SAN FELIPE, SUITE 1400</b> <b>HOUSTON TX 77056</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/ DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STEVEN B. BOWLES</b> <b>15990 N. BARKERS LANDING, STE 150</b> <b>HOUSTON, TX 77079</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEHMAN, NOLAN</b> <b>5151 SAN FELIPE, SUITE 1400</b> <b>HOUSTON TX 77056</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NOLAN LEHMAN</b> <b>2929 ALLEN PARKWAY</b> <b>HOUSTON, TX 77019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BUCEY, CURTIS R</b> <b>5151 SAN FELIPE, SUITE 1400</b> <b>HOUSTON TX 77056</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CURTIS BUGEY</b> <b>15990 N. BARKERS LANDING, STE. 150</b> <b>HOUSTON, TX 77079</b>

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: Allan Goertz **ALLAN J. GOERTZ, SR. VICE PRES** 4-24-00 281-966-5700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #