

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0570365

DOCUMENT # F93000005219

1. Entity Name
STRATEGIC MATERIALS, INC.

05-16-2001 90383 044 ***150.00

Principal Place of Business 15900 N BARKERS LANDING STE 150 HOUSTON TX 77079	Mailing Address 15900 N BARKERS LANDING STE 150 HOUSTON TX 77079
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 76-0297116	Applied For 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
 TALLHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	HALE, RANDALL B	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORLEY, I T	
STREET ADDRESS	15990 N BARKERS LANDING, STE 150	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	SRVT	<input type="checkbox"/> Delete
NAME	GOERTZ, ALLAN	
STREET ADDRESS	15990 N BARKERS LANDING, STE 150	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOWLES, STEVEN B	
STREET ADDRESS	15990 N BARKERS LANDING, STE 150	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEHMAN, NOLAN	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUGEY, CURTIS	
STREET ADDRESS	15990 N BARKERS LANDING, STE 150	
CITY-ST-ZIP	HOUSTON TX 77079	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES/CEO/SEC/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	I.T. CORLEY	
STREET ADDRESS	15990 N. BARKERS LANDING, SUITE 150	
CITY-ST-ZIP	HOUSTON, TX 77079	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS BUCEY	
STREET ADDRESS	15990 N. BARKERS LANDING, SUITE 150	
CITY-ST-ZIP	HOUSTON, TX 77079	

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, SR. V.P. & TREAS **ALLAN GOERTZ** 4-27-01 **281-966-5700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)