FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 841491 (4)MILBAR HYDRO-TEST, INC. Principal Place of Business Mailing Address 851 AERO DR 651 AERO DR SHREVEPORT LA 71107 SHREVEPORT LA 71107 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 72-0793598 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Ζıρ Country ZiD Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 83 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or practed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE President Change Addition TITLE 1 1 TITLE ACREEJERRY L. NAME 1.2 NAME 7516 KEMPTON PARK STREET ADORESS 1.3 STREET ADDRESS SHREVEPORT, LA 00000 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE 21 TITLE Change Addition BARNES, C D NAME 2.2 NAME 238 ROSSITTER STREET ADDRESS 2.3 STREET ADDRESS SHREVEPORT, LA 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE SHIRLEY,R.H. MALIF 3.2 NAME 1157 GOODSBERRY STREET ADDRESS 3.3 STREET ADDRESS SHREVEPORT, LA 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BARNES, CLIFF NAME 4. 2 NAME 9601 HACKBERRY STREET ADDRESS 4.3 STREET AODRESS SHREVEPORT LA 71115 CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Channe TITLE V.P. + Treasurer 5.1 TITLE NAME 5 2 NAME T. STANTON Woods 86 Hreeners Place DA \$ 246 STREET ADDRESS 5.3 STREET ADDRESS ESICA CITY LA 71111 CITY - ST - ZIP 5.4 CITY-ST-ZIP Change Addition TITLE 6.1 TITLE

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, open an attachment with an address

SIGNATURE:

JERRY ACREE 4/23/98 (318) 227-8210

62 NAME 63 STREET ADDRESS

6.4 CITY-ST-ZIP

action supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes | further certify that the information

NAME