

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 25 1997 8:00am  
Secretary of State

DOCUMENT # F93000002745 (8)

1. Corporation Name

BAKER HUGHES OILFIELD OPERATIONS, INC.



Principal Place of Business

3900 ESSEX LANE, SUITE 1200  
HOUSTON TX 77027

Mailing Address

3900 ESSEX LANE, SUITE 1200  
HOUSTON TX 77027-5112

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

06/28/1996

4. FEI Number

94-1302886

Applied For

Not Applicable

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

(NOTE: Registered Agent's signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                  | STREET ADDRESS                      | CITY, ST, ZIP | DELETE                              |
|-------|-----------------------|-------------------------------------|---------------|-------------------------------------|
| PD    | LUKENS, MAX L         | 3900 ESSEX LANE, SUITE 1200         | HOUSTON TX    | <input type="checkbox"/>            |
| VPCD  | FINLEY, G S           | 3900 ESSEX LANE, SUITE 1200         | HOUSTON TX    | <input type="checkbox"/>            |
| S     | O'DONNELL, III L      | 15355 VANTAGE PARKWAY W, SUITE 300  | HOUSTON TX    | <input checked="" type="checkbox"/> |
| T     | RICHARD H. HEBEL, JR. | 15355 VANTAGE PARKWAY W., SUITE 300 | HOUSTON TX    | <input type="checkbox"/>            |
| SVP   | TRAHAN, JAY P         | 15355 VANTAGE PARKWAY W., SUITE 300 | HOUSTON TX    | <input type="checkbox"/>            |
| VP    | HERBERT, R P          | 3900 ESSEX LANE, SUITE 1200         | HOUSTON TX    | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                              | Addition                 |
|-----------|----------|--------------------|---------------------|-------------------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |

14. I do 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 is based 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 or changed or on an attachment with an address.

SIGNATURE:

*G.S. Finley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97

713-439-8600

CR2E034 (9/96)