2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002745

1. Entity Name

BAKER HUGHES OILFIELD OPERATIONS, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90377 030 ***150.00

Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES										
2. PPICAGE Place of Business 3. Molling Address Suite, Apr. F. etc. Suite, Apr. F. etc	3900 ESSEX LANE. SUITE 1200 3900 ESSEX LANE. SUITE 1200				* 3					
City & State Ci	Principal Place of Business Address Address				•		11 10 17 12 11			
Zip Country 7/p Country 5. Certificate of Status Desired 5.8. 75 Additional Fee Regulated 1. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 1. Name 2. Name 2	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	it. #, etc.		CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required Stroct Address of New Registered Agent Stroct Address (P.O. Box Number is Not Acceptable) City FL Zip Code	City & State		City & State			94-130/880			 	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL City FL Zip Code Addition Compagin Financing City Signature Addition City Addition City City Signature City Signa	Zip	Country	Zip	Zip Country						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL City FL Zip Code Addition Compagin Financing City Signature Addition City Addition City City Signature City Signa	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
Street Address (P.O. Box Number is Not Acceptable)	-		Name							
PLANTATION FL 33324 City FL Zip Code		' 4	· ·			P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, triped or prised name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.										
the obligations of registered agent. SIGNATURE Signature, typed or prised name of registered agent and title if applicable. INCTE: Registered Agent signature required when venetation;) DATE				City			FL	Zip Cod	9	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	the obligations of registered agent. SIGNATURE									
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDR	After May 1, 2003 Fee will be \$550.00						·			
SZESCILA, ANDREW J 3900 ESSEX LANE, SUITE 1200 HOUSTON TX VPD FINLEY, G S 3900 ESSEX LANE, SUITE 1200 HOUSTON TX TITLE UPD UNAME STREET ADDRESS CITY-ST-ZIP VPD UNAME STREET ADDRESS CITY-ST-ZIP TITLE UP UNAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS STREE	10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHURAY, DANIEL 3900 ESSEX LANE STE. 1200 HOUSTON TX Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD	NAME STREET ADDRESS	SZESCILA, ANDREW J 3900 ESSEX LANE, SUITE 1200	☐ Delete	NAME STREET ADDRESS			,	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TRICHARD H. HEBEL, JR. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VS CHURAY, DANIEL STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE VS CHURAY, DANIEL STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE VS CHURAY, DANIEL STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE SVP HOUSTON TX 77027 TITLE SVP HOUSTON TX 77027 TITLE SVP HOWELL, EDWIN C STREET ADDRESS STREET	STREET ADDRESS	FINLEY, G S 3900 ESSEX LANE, SUITE 1200	☐ Delete	NAME STREET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP HOUSTON TX TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE SYP HOUSTON TX 77027 TITLE NAME STREET ADDRESS CITY-ST-ZIP HOWELL, EDWIN C STREET ADDRESS	STREET ADDRESS	LOHMAN, JOHN H JR 3900 ESSEX LN STE 1200	☐ Delete	NAME STREET ADDRESS	-			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77027 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOWELL, EDWIN C STREET ADDRESS	NAME STREET ADDRESS	15355 VANTAGE PARKWAY W., SL		NAME STREET ADDRESS				☐ Change	Addition	
TITLE SVP Delete TITLE Change Addition NAME HOWELL, EDWIN C NAME STREET ADDRESS 3900 ESSEX LANE, SUITE 1200 STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHURAY, DANIEL 3900 ESSEX LANE STE. 1200	Delete	NAME STREET ADDRESS	S Sand 3900 Hous	ra E. Alford Essex lane, Ste. 1. ton, TX 77027	200	☐ Change	Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWELL, EDWIN C 3900 ESSEX LANE, SUITE 1200	□ Delete	NAME STREET ADDRESS				☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND THE STATE OF SIGNING OFFICER OF DIRECTOR H. LOHMAN Jr. 1/17/03 (713) 439-860

CHZE034 (10/02)