

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90377 030 ***150.00

DOCUMENT # F93000002745

1. Entity 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**

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 **94-1302886**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SZESCLA, ANDREW J**
STREET ADDRESS **3900 ESSEX LANE, SUITE 1200**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **FINLEY, G S**
STREET ADDRESS **3900 ESSEX LANE, SUITE 1200**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **LOHMAN, JOHN H JR**
STREET ADDRESS **3900 ESSEX LN STE 1200**
CITY-ST-ZIP **HOUSTON TX 77027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **RICHARD H. HEBEL, JR.**
STREET ADDRESS **15355 VANTAGE PARKWAY W., SUITE 300**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☒ Delete
NAME **CHURAY, DANIEL**
STREET ADDRESS **3900 ESSEX LANE STE. 1200**
CITY-ST-ZIP **HOUSTON TX 77027**

TITLE ☐ Change ☒ Addition
NAME **Sandra E. Alford**
STREET ADDRESS **3900 Essex Lane, Ste. 1200**
CITY-ST-ZIP **Houston, TX 77027**

TITLE **SVP** ☐ Delete
NAME **HOWELL, EDWIN C**
STREET ADDRESS **3900 ESSEX LANE, SUITE 1200**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *John H. Lohman, Jr.* 1/17/03 (713) 439-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)