**FILED** 

Mar 12, 2001 8:00 am Secretary of State

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P37592

1. Entity Name

HALLIBURTON TECHNICAL SERVICES, INC.

HALLIBU	RTON TECHNICAL SER	VICES, INC.					03-12-2001	90019 04	19 ***150.	00	
Principal Place 4100 CLINTON HOUSTON TX 7		Mailing Address 4100 CLINTON DR ATTN: TAX DEPT HOUSTON TX 77020 US					72	860	2		
-	Place of Business	3. Mailing Address		ng De							
Suite, Apt.	rton Technical	Svcs. Halliburt Suite, Apt. #, etc.	on T	<u>echni</u>	<u>cal</u> S	cvs.	DO NOT WRI	TE IN THIS	SPACE		
	ferson Ave.	P.O. Box 3									_
City & Stat	e	City & State			4.	FEI Number	95-416405	5	<del></del>	oplied For of Applicable	
louston Zíp	Country	Houston, T	Countr	у	5.	Certificate o	f Status Desired		\$8.75 Add	ditional	1
7002	6. Name and Address of C	77001-003	¥	S	1_		Address of New I		Fee Require	<u>d</u>	-
	6. Name and Address of C	urrent Registered Agent	- +	Name		Name and A	Address of New 1	negistered	Agent		1
	CORPORATION SYSTEM T CORPORATION SYSTEM	ender of the second of the second		Street Ad	dress (P.O.		is Not Acceptab			<u> </u>	1
1200	SOUTH PINE ISLAND ROAD	)	}						<u> </u>		1
PLAN	ITATION FL 33324		}	City		<del></del> -		FL	Zip Cod	e	1
9 The above	a named ontitu submits this state	ment for the purpose of changing its	ranistara	d office or r	enistered a	gent or both	in the State of F		<u> </u>		1
o. The above	Trained entity sobrine this state.	helit for the purpose of changing its	ogistore	J OILLO OF C	egisteres s	gent, or both	i, in the oldic on t	undu.			Ì
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable. (NOTE	: Registered	Agent signature	e required when	reinstating)		DATE			
Tax filing	oration is eligible to satisfy its Intereguirement and elects to do so. ria on back)	angible FILE NOW!! After MAY 1, 200 Make Check Payab	)1 Fee v	rill be \$55	0.00	1	tion Campaign Fi t Fund Contribution			O May Be to Fees	
11.	OFFICER	S AND DIRECTORS	12.		A	DDITIONS/C	HANGES TO OF	ICERS AN	D DIRECTOR	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP STANLEY, ALBERT J 601 JEFFERSON AVE HOUSTON TX 77002	☐ Delete	TITLE NAME STREE CITY-1	F ADDRESS					☐ Change	☐ Addition	00/01/10/00
TITLE	SVPD	Delete	TITLE		Vice	Presi	dent		🔯 Change	Addition	So
NAME STREET ADDRESS	ARBOUR, P.W. 4100 CLINTON DR.		NAME STREE	T ADDRESS							Ì
CITY-ST-ZIP	HOUSTON TX		CITY-	)							
TITLE NAME	VPD MORRIS, G V	☐ Delete	TITLE NAME		Execu	tive '	Vice Pre	siden	t X Change	☐ Addition	}
STREET ADDRESS	4100 CLINTON DR	en in green, in greenway, en en		r address –  -	and C	heir	Financia	1 Off	icer	erana erana	
CITY-ST-ZIP	HOUSTON TX 77020		CITY-	ST-ZIP							_
TITLE	VP	□ Delete	TITLE				Ireasure	r	Change	Addition	
NAME STREET ADDRESS	WARD, J W  4100 CLINTON DR		NAME STREE	T ADDRESS			Bender				ļ
CITY-ST-ZIP	HOUSTON TX 77020		CITY-	, <sub>T 210</sub>			on Dr. X <del>7702</del> 0				
TITLE	AVP	☐ Delete	TITLE		nvabt	<del>. U 11 3 - 1 .</del>	<del>~ - / / · · · · ·</del>		Change	☐ Addition	]
NAME STREET ADDRESS	BOUTROS, YOUSEF 4100 CLINTON DR.		NAME	T ADDRESS							
CITY-ST-ZIP	HOUSTON TX		CITY-	1							
TITLE	AVP	☐ Delete	TITLE		***				☐ Change	Addition	1
NAME	CHESTER, LYNN G		NAME	-							
STREET ADDRESS CITY-ST-ZIP	4100 CUNTON DR		•	T ADDRESS ST-ZIP							1
OH 1-31-ZIF	HOUSTON TX 77020		0111-3	21.751							1

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
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.S. Bender, Asst. Treasurer

713-676-5776

3/6/01

Daytime Phone #