

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831989 (9)

1. Corporation Name

FUGRO-MCCLELLAND MARINE GEOSCIENCES, INC.



Principal Place of Business 6100 HILLCROFT POB 740010 HOUSTON TX 77274-0010	Mailing Address 6100 HILLCROFT POB 740010 HOUSTON TX 77274-0010
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1974		3a. Date of Last Report 06/14/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-1254114		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

Signature typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	V HAMILTON, THOMAS K.	12 NAME	
STREET ADDRESS	2010 MASTERS LANE	13 STREET ADDRESS	
CITY - ST - ZIP	MISSOURI CITY TX	14 CITY - ST - ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	D KRAMER, G. J.	22 NAME	
STREET ADDRESS	WOESTDUINLAAN 11	23 STREET ADDRESS	
CITY - ST - ZIP	DOORN, NETHERLANDS	24 CITY - ST - ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	PD SCOTT, RAINEY	32 NAME	
STREET ADDRESS	2225 SOUTH BLVD.	33 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	34 CITY - ST - ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	T HOUTHUIZEN, EDWIN	42 NAME	
STREET ADDRESS	6011 RUTHERGLENN	43 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	44 CITY - ST - ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

646-46 713-773-2700

CR2E034 (3/96)