

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851403 (6)**

1. Corporation Name  
**SHELL OFFSHORE INC.**



Principal Place of Business <b>1 SHELL SO                  PO BOX 61933                  NEW ORLEANS LA 70161                  US</b>	Mailing Address <b>1 SHELL PLZ                  PO BOX 2463                  HOUSTON TX 77252-2463                  US</b>
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3. Date Incorporated or Qualified <b>12/30/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>74-2211530</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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
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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, T J</b>	1.2 NAME	<b>SEE ATTACHED</b>
STREET ADDRESS	<b>900 LOUISIANA</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOUSTON TX</b>	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTLE, J E</b>	2.2 NAME	
STREET ADDRESS	<b>900 LOUISIANA</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOUSTON TX</b>	2.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL, S. J.</b>	3.2 NAME	
STREET ADDRESS	<b>900 LOUISIANA</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOUSTON TX</b>	3.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRISCOE, B.J.</b>	4.2 NAME	
STREET ADDRESS	<b>701 POYDRAS STREET</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>NEW ORLEANS LA</b>	4.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONEY, M.E.</b>	5.2 NAME	
STREET ADDRESS	<b>701 POYDRAS STREET</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>NEW ORLEANS LA</b>	5.4 CITY- ST- ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BULOT, D.C.</b>	6.2 NAME	
STREET ADDRESS	<b>701 POYDRAS STREET</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>NEW ORLEANS LA</b>	6.4 CITY- ST- ZIP	

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. J. Howard **T. J. HOWARD** **4/28/97** **713-241-4461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/96)

**SHELL OFFSHORE INC.**

**DIRECTORS**

J. E. Little	900 Louisiana Houston, TX 77002
L. Z. Cook	900 Louisiana Houston, TX 77002
J. M. Funk	701 Poydras Street New Orleans, LA 70160
R. A. Pattarozzi	701 Poydras Street New Orleans, LA 70160
L. L. Osborn	900 Louisiana Houston, TX 77002

**OFFICERS**

J. E. Little	President	900 Louisiana Houston, TX 77002
R. A. Pattarozzi	Vice President - Deepwater	701 Poydras Street New Orleans, LA 70160
J. M. Funk	Vice President - Shelf	701 Poydras Street New Orleans, LA 70160
D. W. Strebel	Vice President - Tax	900 Louisiana Houston, TX 77002
B. J. Briscoe	Treasurer	701 Poydras Street New Orleans, LA 70160
J. R. Brew	Assistant Treasurer	701 Poydras Street New Orleans, LA 70160
D. C. Bulot	Assistant Treasurer	701 Poydras Street New Orleans, LA 70160
R. A. Carruth	Assistant Treasurer	900 Louisiana Houston, TX 77002
S. J. Paul	Secretary	900 Louisiana Houston, TX 77002

**SHELL OFFSHORE INC.**

**OFFICERS (cont'd)**

**M. E. Coney**

**Assistant Secretary**

**701 Poydras Street  
New Orleans, LA 70160**

**T. J. Howard**

**Assistant Secretary**

**900 Louisiana  
Houston, TX 77002**