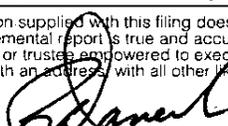


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90463 040 ***550.00

DOCUMENT # F0100002246					
1. Entity Name FMC TECHNOLOGIES, INC.					
Principal Place of Business 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601		Mailing Address 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601			
2. Principal Place of Business 1803 GEARS RD.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOUSTON, TX		City & State		4. FEI Number 36-4412642	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 77067	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NETHERLAND, JOSEPH H		NAME		
STREET ADDRESS	200 EAST RANDOLPH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUMANN, WILLIAM H III		NAME		
STREET ADDRESS	200 EAST RANDOLPH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, STEVEN H		NAME	CARR, JEFFREY W	
STREET ADDRESS	200 EAST RANDOLPH DRIVE		STREET ADDRESS	1803 GEARS RD.	
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP	HOUSTON, TX 77067	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTAROZZI, RICHARD A		NAME		
STREET ADDRESS	333 BROCKENBRAUGH CT		STREET ADDRESS		
CITY-ST-ZIP	METAIRIE, LA 70005		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NETHERLAND, JOSEPH H		NAME		
STREET ADDRESS	200 E RANDOLPH DR		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWLIN, MIKE R		NAME		
STREET ADDRESS	4800 ZION HILL RD		STREET ADDRESS		
CITY-ST-ZIP	WEATHERFORD, TX 76088		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: 		R.A. DANECK		5/10/04 312-861-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ASST. SECRETARY		Date Daytime Phone #	