

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001530 (4)
 1. Corporation Name
ENTERRA PETROLEUM EQUIPMENT GROUP, INC.



Principal Place of Business 1360 POST OAK BLVD. SUITE 1000 HOUSTON TX 77056-3098	Mailing Address 1360 POST OAK BLVD. SUITE 1000 HOUSTON TX 77056-3021
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3. Date Incorporated or Qualified 03/15/1994	3a. Date of Last Report 11/12/1996
4. FEI Number 76-0113886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BURGUIERES, PHILIP
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000
CITY-ST-ZIP	HOUSTON TX 77056-3098
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, H. SUZANNE
STREET ADDRESS	1360 POST OAK BOULEVARD, SUITE 1000
CITY-ST-ZIP	HOUSTON TX 77056-3098
TITLE	SVP <input type="checkbox"/> DELETE
NAME	BURKE, JAMES R
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000
CITY-ST-ZIP	HOUSTON TX 77056-3098
TITLE	SVPT <input type="checkbox"/> DELETE
NAME	NOLEN, NORMAN W
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000
CITY-ST-ZIP	HOUSTON TX 77056-3098
TITLE	VPTS <input type="checkbox"/> DELETE
NAME	WALKER, WELDON W
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000
CITY-ST-ZIP	HOUSTON TX 77056-3098
TITLE	VPTS <input type="checkbox"/> DELETE
NAME	THOMAS, H. SUZANNE
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000
CITY-ST-ZIP	HOUSTON TX 77056-3098

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James D. Green
1.3 STREET ADDRESS	1360 Post Oak Blvd, Suite 1000
1.4 CITY-ST-ZIP	Houston TX 77056-3098
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Weldon Walker **Weldon Walker** 4-18-97 (713) 439-9400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)