

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003605 (2)

1. Corporation Name

NATURAL GAS SERVICES, INC.

300001830073
-05/20/96--01062--019
***200.00

Principal Place of Business: **P. O. Box 760 Bedminster, NJ 07921-0760**
Mailing Address: **P. O. Box 760 Bedminster, NJ 07921-0760**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
07/11/94	05/01/95
4. FEI Number	Applied For / Not Applicable
22-3209319	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 of Registered Agent (Print Name and Title of Agent)

Signature of Registered Agent (Print Name and Title of Agent)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	Kean, John
STREET ADDRESS	550 Route 202-206
CITY-STATE-ZIP	Bedminster, NJ 07921-0769
TITLE	D <input type="checkbox"/> DELETE
NAME	Kean, Jr., John
STREET ADDRESS	550 Rt. 202-206
CITY-STATE-ZIP	Bedminster, NJ 07921-0760
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	Mockapetris, David
STREET ADDRESS	550 Route 202-206
CITY-STATE-ZIP	Bedminster, NJ 07921-0760
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Kenney, Robert P.
STREET ADDRESS	550 Route 202-206
CITY-STATE-ZIP	Bedminster, NJ 07921-0760
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	Ward, Kenneth G.
STREET ADDRESS	550 Route 202-206
CITY-STATE-ZIP	Bedminster, NJ 07921-0760
TITLE	P <input type="checkbox"/> DELETE
NAME	Behan, Michael J.
STREET ADDRESS	550 Route 202-206
CITY-STATE-ZIP	Bedminster, NJ 07921-0760

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Gruber, Richard L.
33 STREET ADDRESS	550 Route 202-206
34 CITY-STATE-ZIP	Bedminster, NJ 07921-0760
41 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Lurie, Robert F.
43 STREET ADDRESS	550 Route 202-206
44 CITY-STATE-ZIP	Bedminster, NJ 07921-0760
51 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Van Horn, James R.
53 STREET ADDRESS	550 Route 202-206
54 CITY-STATE-ZIP	Bedminster, NJ 07921-0760
61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(A), 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, on an attachment with an address.

SIGNATURE:

James R. Van Horn, Secretary 4/29/96 908-719-4204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)