

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P09653 (7)**
1. Corporation Name
ENSCO, INC.



Principal Place of Business: **5400 PORT ROYAL RD. SPRINGFIELD VA 22151**
Mailing Address: **5400 PORT ROYAL RD. SPRINGFIELD VA 22151**

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

3. Date Incorporated or Qualified: **04/03/1986** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **54-1250229** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PEEPLES, JAMES W. III
WOLFE KIRSCHENBAUM & MOSLEY, P.A.
505 N. ORLANDO AVE., GLASS BANK BUILDING
COCOA BEACH FL 32931**

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 **FL**

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 _____ DATE _____
Signature typed for filing in Block 12 or Block 13. Date typed for filing in Block 12 or Block 13.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDENHOUR, ALLEN	
STREET ADDRESS	7433 ROYAL DOMINION DRIVE	
CITY-ST-ZIP	BETHESDA MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERB, THOMAS L.	
STREET ADDRESS	3800 POWELL LANE	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOME, RONALD W.	
STREET ADDRESS	3094 CARRIAGE HILLS DRIVE	
CITY-ST-ZIP	BOULDER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOME, PAUL W.	
STREET ADDRESS	12313 OAK CREEK LANE	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNNER, MICHAEL A.	
STREET ADDRESS	5400 PORT ROYAL ROAD	
CITY-ST-ZIP	SPRINGFIELD VA	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	THOMAS, CAROL A.	
STREET ADDRESS	7105 RED HORSE TAVERN LANE	
CITY-ST-ZIP	SPRINGFIELD VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol A. Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROL A. THOMAS

5-1-96 703-321-9000
Date Date/Time/Phone #

CR2E034 (12/95)