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May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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 22151-2301



3. Date Incorporated or Qualified 04/03/1986
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 54-1250229
Applied For Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEEPLES, JAMES W. III
WOLFE KIRSCHENBAUM & MOSLEY, P.A.
505 N. ORLANDO AVE., GLASS BANK BUILDING
COCOA BEACH FL 32931

81 Name Jack A. Kirschenbaum
82 Street Address (P.O. Box Number is Not Acceptable) 201 East Pine Street, Suite 1200
83 Orlando, FL 32802-3068
84 City Orlando, FL FL 85 Zip Code 32802

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

Jack A. Kirschenbaum

5-14-97

SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------|---------------------------------|
| 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 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | See Attached for Complete List. |
| 1.4 CITY-ST-ZIP | |
| 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 | <input 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: Carol A. Thomas EQUARD A. THOMAS 3/28/97 703-321-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)