

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P09653 (7)**

1. Corporation Name  
**ENSCO, INC.**

Principal Place of Business <b>5400 PORT ROYAL RD.                  SPRINGFIELD VA 22151</b>	Mailing Address <b>5400 PORT ROYAL RD.                  SPRINGFIELD VA 22151</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/03/1986</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.		28 City & State		29 Zip	
30 Country		31		32	
4. FEI Number <b>54-1250229</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KIRSCHENBAUM, JACK A                  201 EAST PINE ST                  STE. 1200                  ORLANDO FL 32802</b>				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	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARDENHOUR, ALLEN</b>	1.2 NAME	
STREET ADDRESS	<b>7433 ROYAL DOMINION DRIVE</b>	1.3 STREET ADDRESS	<b>SEE ATTACHED FOR</b>
CITY-ST-ZIP	<b>BETHESDA MD</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERB, THOMAS L.</b>	2.2 NAME	<b>COMPLETE LISTING</b>
STREET ADDRESS	<b>8800 POWELL LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FALLS CHURCH VA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOME, RONALD W.</b>	3.2 NAME	
STREET ADDRESS	<b>3094 CARRIAGE HILLS DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOULDER CO</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOME, PAUL W.</b>	4.2 NAME	
STREET ADDRESS	<b>12313 OAK CREEK LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNNER, MICHAEL A.</b>	5.2 NAME	
STREET ADDRESS	<b>5400 PORT ROYAL ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRINGFIELD VA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DTS</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, CAROL A.</b>	6.2 NAME	
STREET ADDRESS	<b>7105 RED HORSE TAVERN LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRINGFIELD VA</b>	6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)

(703)

**ENSCO, Inc.**

**Board of Director**

Paul W. Broome ✓  
Chairman of the Board Emeritus

Paul W. Broome III ✓  
Chief Executive Officer  
Chairman of the Board

Allen J. Gardenhour ✓  
Director

Thomas L. Herb ✓  
Executive Vice President  
Director Emeritus

Gregory B. Young  
President  
Chief Operating Officer  
Director

Joanne McDonald  
Secretary  
Vice President Administration & Human Resources  
Director

George Herpel  
Director Emeritus

Dr. William Preston Wilson  
Director

Dr. Robert M. White ✓  
Director

Steven L. Meltzer, P.C. ✓  
Director  
Assistant Secretary  
Legal Counsel

All Directors can be contacted at the Corporate Headquarters:

5400 Port Royal Road  
Springfield, VA 2215

**ENSCO, Inc.**

**FEIN 54-1250229**

**Officers of the Corporation**

<b>CEO</b>	<b>Paul W. Broome</b>	<b>165-26-0488</b>
<b>President, COO</b>	<b>Gregory B. Young</b>	<b>565-66-9422</b>
<b>Executive Vice-President</b>	<b>Thomas L. Herb</b>	<b>180-24-3153</b>
<b>Secretary</b>	<b>Joanne McDonald</b>	<b>217-44-8641</b>
<b>Treasurer</b>	<b>Mike Bogdanovic</b>	<b>223-74-5431</b>

**All Officers can be contacted at the Corporate Headquarters:**

**5400 Port Royal Road  
Springfield, VA 22151**