

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30083 (0)**

1. Corporation Name  
**OFFSHORE PETROLEUM DIVERS, INC.**



Principal Place of Business <b>1450 POYDRAS STREET                  C/O TAX DEPT.                  NEW ORLEANS LA 70112                  US</b>	Mailing Address <b>P.O. BOX 61038                  C/O TAX DEPT.                  NEW ORLEANS LA 70161-1038                  US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/05/1990</b>	3a. Date of Last Report <b>04/11/1996</b>
4. FEI Number <b>76-0332218</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

**SEE ATTACHED LISTING**

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent Signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PCOF</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>M.H. LAM</b>	
STREET ADDRESS	<b>801 N. ELDRIDGE STREET</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>EVPC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FORMAN, R.R.</b>	
STREET ADDRESS	<b>1450 POYDRAS ST</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JOLLIFF, R.A.</b>	
STREET ADDRESS	<b>1450 POYDRAS ST</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>STUMPF, R.E.</b>	
STREET ADDRESS	<b>1450 POYDRAS STREET</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA 70112</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MANION, J.E.</b>	
STREET ADDRESS	<b>1450 POYDRAS STREET</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA 70112</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HENZLER, T. A</b>	
STREET ADDRESS	<b>1450 POYDRAS STREET</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA 70112</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RAWLE, R.H.</b>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VP/F</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GAUBERT, D.A.</b>	
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 *T A HENZLER* T A Henzler 4/29/97 (504) 587-4411

CP2E034 (9/96)

As of 04/11/97

OFFSHORE PETROLEUM DIVERS, INC.  
OFFICERS AND DIRECTORS

OFFICERS

R.H. Rawle  
President & Chief Operating Officer

D.R. Gaubert  
Vice President - Finance

T.A. Henzler  
Vice President - Tax Administration

R.A. Jolliff  
Treasurer

J.E. Manion, III  
Secretary

J.S. Tsai  
Assistant Secretary

R.E. Stumpf  
Assistant Secretary

BUSINESS ADDRESS

801 N. Eldridge Street  
Houston, TX 77079

1450 Poydras Street  
New Orleans, LA 70112

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New Orleans, LA 70112

DIRECTOR

R.H. Rawle

S.W. Murphy

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Houston, TX 77079

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New Orleans, LA 70112