

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

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90056 018 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 329936

1. Corporation Name
PRODUCTION OPERATORS, INC.

Principal Place of Business
11302 TANNER ROAD
HOUSTON TX 77041-6902

Mailing Address
P.O. BOX 14484
ATTN: TAX DEPARTMENT
HOUSTON TX 77221-4484
US



DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 05/10/1968	
				4. FEI Number 74-1622039	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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	
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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 CD <input checked="" type="checkbox"/> DELETE	NAME NICHOLSON, GARY D.	1.1 TITLE CHAIRMAN DIRECTOR / VICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7030 ARMORE STREET	CITY-ST-ZIP HOUSTON TX 77056	1.2 NAME PRESIDENT & TREASURER	
		1.3 STREET ADDRESS BRUCE F. LONGAKER	
		1.4 CITY-ST-ZIP 7030 ARMORE STREET	
			HOUSTON, TX 77054-2302
TITLE P <input type="checkbox"/> DELETE	NAME OGREN, D. JOHN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11302 TANNER RD	CITY-ST-ZIP HOUSTON TX	2.2 NAME	
		2.3 STREET ADDRESS 7030 ARMORE STREET	
		2.4 CITY-ST-ZIP HOUSTON, TX 77054-2302	
TITLE V <input type="checkbox"/> DELETE	NAME RICHARDS, A	3.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11302 TANNER RD	CITY-ST-ZIP HOUSTON TX	3.2 NAME ALLAN R. RICHARDS	
		3.3 STREET ADDRESS 7030 ARMORE STREET	
		3.4 CITY-ST-ZIP HOUSTON, TX 77054-2302	
TITLE VP <input type="checkbox"/> DELETE	NAME REINHART, T.R.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11302 TANNER RD	CITY-ST-ZIP HOUSTON TX	4.2 NAME	
		4.3 STREET ADDRESS 7030 ARMORE STREET	
		4.4 CITY-ST-ZIP HOUSTON, TX 77054-2302	
TITLE VPT <input checked="" type="checkbox"/> DELETE	NAME YATES, HERBERT S.	5.1 TITLE ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7030 ARMORE STREET	CITY-ST-ZIP HOUSTON TX 77056	5.2 NAME T. E. MAYS	
		5.3 STREET ADDRESS 7030 ARMORE STREET	
		5.4 CITY-ST-ZIP HOUSTON, TX 77054-2302	
TITLE VPS <input checked="" type="checkbox"/> DELETE	NAME RANDALL, RONALD R.	6.1 TITLE DIRECTOR / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7030 ARMORE STREET	CITY-ST-ZIP HOUSTON TX 77056	6.2 NAME LIAS J. STEEN	
		6.3 STREET ADDRESS 7030 ARMORE STREET	
		6.4 CITY-ST-ZIP HOUSTON, TX 77054-2302	

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, with all other like empowered. CRRR #Z 700 615 546

SIGNATURE:  T. E. MAYS, ASSISTANT TREASURER JANUARY 21, 1999 (713) 749 - 5652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)