


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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90056 018 \*\*\*158.75

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 329936**

1. Corporation Name  
**PRODUCTION OPERATORS, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>11302 TANNER ROAD<br>HOUSTON TX 77041-6902 | Mailing Address<br>P.O. BOX 14484<br>ATTN: TAX DEPARTMENT<br>HOUSTON TX 77221-4484<br>US |
|---|--|



DO NOT WRITE IN THIS SPACE

|                                      |                           |  |   |  |
|--------------------------------------|---------------------------|--|---|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>05/10/1968  | 4. FEI Number<br>74-1622039   | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                      | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| City & State<br>23                   | City & State<br>28        | 7. This corporation owes the current year Intangible Personal Property Tax.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |  |
| Zip<br>24                            | Country<br>25             | Zip<br>29  | Country<br>30   |  |

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  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | CD <input checked="" type="checkbox"/> DELETE  |
| NAME           | NICHOLSON, GARY D.                             |
| STREET ADDRESS | 7030 ARMORE STREET                             |
| CITY-ST-ZIP    | HOUSTON TX 77056                               |
| TITLE          | P <input type="checkbox"/> DELETE              |
| NAME           | OGREN, D. JOHN                                 |
| STREET ADDRESS | 11302 TANNER RD                                |
| CITY-ST-ZIP    | HOUSTON TX                                     |
| TITLE          | V <input type="checkbox"/> DELETE              |
| NAME           | RICHARDS, A                                    |
| STREET ADDRESS | 11302 TANNER RD                                |
| CITY-ST-ZIP    | HOUSTON TX                                     |
| TITLE          | VP <input type="checkbox"/> DELETE             |
| NAME           | REINHART, T.R.                                 |
| STREET ADDRESS | 11302 TANNER RD                                |
| CITY-ST-ZIP    | HOUSTON TX                                     |
| TITLE          | VPT <input checked="" type="checkbox"/> DELETE |
| NAME           | YATES, HERBERT S.                              |
| STREET ADDRESS | 7030 ARMORE STREET                             |
| CITY-ST-ZIP    | HOUSTON TX 77056                               |
| TITLE          | VPS <input checked="" type="checkbox"/> DELETE |
| NAME           | RANDALL, RONALD R.                             |
| STREET ADDRESS | 7030 ARMORE STREET                             |
| CITY-ST-ZIP    | HOUSTON TX 77056                               |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | CHAIRMAN DIRECTOR / VICE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | PRESIDENT & TREASURER   |
| 1.3 STREET ADDRESS | BRUCE F. LONGAKER,  |
| 1.4 CITY-ST-ZIP    | 7030 ARMORE STREET<br>HOUSTON, TX 77054-2302  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS | 7030 ARMORE STREET  |
| 2.4 CITY-ST-ZIP    | HOUSTON, TX 77054-2302  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| 3.2 NAME           | VICE PRESIDENT  |
| 3.3 STREET ADDRESS | ALLAN R. RICHARDS   |
| 3.4 CITY-ST-ZIP    | 7030 ARMORE STREET<br>HOUSTON, TX 77054-2302  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS | 7030 ARMORE STREET  |
| 4.4 CITY-ST-ZIP    | HOUSTON, TX 77054-2302  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                          |
| 5.2 NAME           | ASSISTANT TREASURER   |
| 5.3 STREET ADDRESS | T. E. MAYS  |
| 5.4 CITY-ST-ZIP    | 7030 ARMORE STREET<br>HOUSTON, TX 77054-2302  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                          |
| 6.2 NAME           | DIRECTOR / SECRETARY  |
| 6.3 STREET ADDRESS | LIAS J. STEEN   |
| 6.4 CITY-ST-ZIP    | 7030 ARMORE STREET<br>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 (1/198)