

2006 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

DOCUMENT # 569569 1. Entity Name SEABULK TRANSMARINE II, INC.					
Principal Place of Business 2200 ELLER DRIVE P.O. BOX 13038 FT LAUDERDALE, FL 33316			Mailing Address P.O. BOX 13038 ATTN: LEGAL DEPT FT LAUDERDALE, FL 33316		
2. Principal Place of Business 2200 Eller Drive			3. Mailing Address		
Suite, Apt. #, etc. P. O. Box 13038			Suite, Apt. #, etc.		
City & State Ft. Lauderdale, FL			City & State		
Zip 33316		Country		Zip	
Country		Country		4. FEI Number 59-1835095	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
\$8.75 Additional Fee Required				04262006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent TWAITS, ALAN R 2200 ELLER DRIVE BLDG 27 FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name STEPHEN B. FINCH Street Address (P.O. Box Number is Not Acceptable) 2200 Eller Drive Bldg. 27 City Ft. Lauderdale FL Zip Code 33316	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>SB Finch</u> Stephen B. Finch 500075545415 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees <u>RP5123</u>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCD KURZ, GERHARD E 2200 ELLER DR. FT LAUDERDALE, FL, FL 33316	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELLERT, John 2200 Eller Dr. Ft. Lauderdale, FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD TWAITS, ALAN R 2200 ELLER DR. FT. LAUDERDALE, FL 33316	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RYAN, Richard J. 2200 Eller Drive Ft. Lauderdale, FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD DESOTOA, VINCENT J 2200 ELLER DR. FT LAUDERDALE, FL 33316	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRAN, Alice N. 2200 Eller Dr. Ft. Lauderdale, FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINCH, STEPHEN B JR 2200 ELLER DR. FT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINCH, Stephen B. 2200 Eller Dr. Ft. Lauderdale, FL 33316	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV FRANCOIS, LARRY D 2200 ELLER DR. FORT LAUDERDALE, FL 33316	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FABRIKANT, Charles 2200 Eller Dr. Ft. Lauderdale, FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED PAGE TWO FOR MORE ADDITIONS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CENAC, MATTHEW 2200 Eller Dr. Ft. Lauderdale, FL 33316	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>SB Finch</u> Stephen B. Finch, Vice President 4/28/06 954-523-2200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

SEE ATTACHED PAGE TWO

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V AUTIN, Shull 2200 Eller Drive Ft. Lauderdale, FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V McKEAND, Timothy 2200 Eller Drive Ft. Lauderdale, FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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