


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 840772 (8)					
1. Corporation Name HFM FIELD SERVICES, INC.					
Principal Place of Business 4900 SINGLETON BLVD. PO BOX 226237 DALLAS TX 75222			Mailing Address 4900 SINGLETON BLVD. PO BOX 226237 DALLAS TX 75222		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1978	
21. Perryville Corp Park		26. Perryville Corp Park		4. FEI Number 75-1362607	
Suite, Apt. #, etc. Tax Dept.		Suite, Apt. #, etc. Tax Dept.		Applied For Not Applicable	
22. City & State Clinton, NJ		27. City & State Clinton, NJ		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 08809		Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. 08809		25. USA		29. 08809	
30. USA		31. USA		32. USA	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
85. FL				86. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ASD	JANUARY, JERRY	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	OVP	WEINSTEIN, STEVEN I.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				1.2 NAME			
STREET ADDRESS		208 WILLOW WOOD PLACE		1.3 STREET ADDRESS		Perryville Corporate Park	
CITY-ST-ZIP		DUNCANVILLE TX		1.4 CITY-ST-ZIP		Clinton, NJ 08809-4000	
TITLE	D	ICENHOWER, JERRY D.	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		White, George S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS		202 WINDY LANE		2.3 STREET ADDRESS		Perryville Corporate Park	
CITY-ST-ZIP		ROCKWALL TX		2.4 CITY-ST-ZIP		Clinton, NJ 08809-4000	
TITLE	ST	KORNMEYER, ROBIN	<input type="checkbox"/> DELETE	3.1 TITLE		President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS		404 FALL CREEK DRIVE		3.3 STREET ADDRESS		Kornmeyer, Robin	
CITY-ST-ZIP		RICHARDSON TX		3.4 CITY-ST-ZIP		Perryville Corp Park	
TITLE	PD	COUCH, WILLIAM K	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS		4900 SINGLETON BLVD.		4.3 STREET ADDRESS		Perryville Corp Park	
CITY-ST-ZIP		DALLAS TX		4.4 CITY-ST-ZIP		Clinton, NJ 08809-4000	
TITLE	VP	FAUGHT, STEVE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS		2225 DUNSTAN		5.3 STREET ADDRESS		Gardner, Lisa Fries	
CITY-ST-ZIP		HOUSTON TX		5.4 CITY-ST-ZIP		Perryville Corp Park	
TITLE	D	VAN BUREN, JOHN L	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS		4900 SINGLETON BLVD		6.3 STREET ADDRESS		Koeckert, Robert A.	
CITY-ST-ZIP		DALLAS TX		6.4 CITY-ST-ZIP		Perryville Corp Park	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(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:  4/20/98 9087/3206

CR2E034 (10/97)