

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90011 032 ***150.00

DOCUMENT # F00000000593

1. Entity Name

WEATHERFORD ARTIFICIAL LIFT SYSTEMS, INC.

Principal Place of Business
 515 POST OAK BLVD., SUITE 600
 HOUSTON TX 77027

Mailing Address
 515 POST OAK BLVD., SUITE 600
 HOUSTON TX 77027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2204250

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CEO**
 STREET ADDRESS **DUROC-DANNER, BERNARD J**
 CITY-ST-ZIP **3637 DEL MONTE HOUSTON TX 77019**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
 STREET ADDRESS **COLLEY, E. LEE III**
 CITY-ST-ZIP **P.O. BOX 27580 HOUSTON TX 77227**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VI**
 STREET ADDRESS **LONGAKER, BRUCE F JR.**
 CITY-ST-ZIP **3010 COACHLIGHT LANE SUGAR LAND TX 77479**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VS**
 STREET ADDRESS **HUFF, CURTIS W**
 CITY-ST-ZIP **4925 LINDEN BELLAIRE TX 77401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 STREET ADDRESS **JONES, DAVID S**
 CITY-ST-ZIP **6127 HOLLY SPRINGS HOUSTON TX 77057**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VT**
 STREET ADDRESS **HUDGINS, JAMES M**
 CITY-ST-ZIP **3309 SAGE BUSH TRAIL PLANO TX 75023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

James M. Hudgins Vice-President-Tax
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-01
 Date

(713) 693-4000
 Daytime Phone #

CR2E034 (10/00)

UBR000002