

Comparison

04-19-2001 90011 032 ***150.00

WEATHERFORD ARTIFICIAL LIFT SYSTEMS, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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.
(See criteria on back) ☐

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	CEO	<input type="checkbox"/> Delete
NAME	DUROC-DANNER, BERNARD J	
STREET ADDRESS	3637 DEL MONTE	
CITY-ST-ZIP	HOUSTON TX 77019	

TITLE	P	<input type="checkbox"/> Delete
NAME	COLLEY, E. LEE III	
STREET ADDRESS	P.O. BOX 27580	
CITY - ST - ZIP	HOUSTON TX 77227	

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	LONGAKER, BRUCE F JR.	
STREET ADDRESS	3010 COACHLIGHT LANE	
CITY-ST-ZIP	SUGAR LAND TX 77479	

TITLE	VS	<input type="checkbox"/> Delete
NAME	HUFF, CURTIS W	
STREET ADDRESS	4925 LINDEN	
CITY-ST-ZIP	BELLAIRE TX 77401	

TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, DAVID S	
STREET ADDRESS	6127 HOLLY SPRINGS	
CITY - ST - ZIP	HOUSTON TX 77057	

TITLE	VT	<input type="checkbox"/> Delete
NAME	HUDGINS, JAMES M	
STREET ADDRESS	3309 SAGE BUSH TRAIL	
CITY - ST - ZIP	PLANO TX 75023	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 H. Duck Vice-President-Tax

04-05-01

(713) 693-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (10/00)