

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90006 004 \*\*\*550.00

0131138 AT

**DOCUMENT # F00000004040**

1. Entity Name

**STOLT OFFSHORE INC**

Principal Place of Business

**900 TOWN & COUNTRY LANE, STE 400  
HOUSTON TX 77024**

Mailing Address

**900 TOWN & COUNTRY LANE, STE 400  
HOUSTON TX 77024**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**72-0918249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****NRAI SERVICES  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301****7. Name and Address of New Registered Agent**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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**TITLE **PD** ☐ Delete  
NAME **HEBERT, QUINN J**  
STREET ADDRESS **900 TOWN & COUNTRY LN, STE 400**  
CITY-ST-ZIP **HOUSTON TX**TITLE **TD** ☐ Delete  
NAME **RAMCHANDANI, ARJUN**  
STREET ADDRESS **900 TOWN & COUNTRY LN, STE 400**  
CITY-ST-ZIP **HOUSTON TX**TITLE **S** ☐ Delete  
NAME **THOMAS, LINDA B**  
STREET ADDRESS **1902 DIVER DRIVE**  
CITY-ST-ZIP **NEW IBERIA LA**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **900 Town & Country Ln, Ste 400**  
CITY-ST-ZIP **Houston, TX 77024**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

**Linda B Thomas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**SECRETARY**

7-24-01

Date

1-800-299-3483

Daytime Phone #

CR2E034 (5/01)