


FILED  
Apr 16, 2004 8:00 am  
Secretary of State

04-16-2004 90118 044 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # F00000004040</b>					
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 10787 Clay Road Suite, Apt. #, etc.			3. Mailing Address 10787 Clay Road Suite, Apt. #, etc.		
City & State Houston, TX			City & State Houston, TX		
Zip 77041		Country USA	Zip 77041		Country USA
4. FEI Number 72-0918249			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HEBERT, QUINN J 900 TOWN & COUNTRY LN, STE 400 HOUSTON, TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	10787 Clay Road Houston, TX 77041	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD RAMCHANDANI, ARJUN 900 TOWN & COUNTRY LN, STE 400 HOUSTON, TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	10787 Clay Road Houston, TX 77041	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S THOMAS, LINDA B 900 TOWN & COUNTRY LN STE 400 HOUSTON, TX 77024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	10787 Clay Road Houston, TX 77041	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Linda Thomas</u> , Linda Thomas, Asst. Secretary 4-9-04 713-430-1100					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					