

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 034 ***158.75

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1. Entity Name
 ENSCO SERVICES COMPANY, INC.



Principal Place of Business
 3110 FAIRVIEW PARK, SUITE 300
 FALLS CHURCH, VA 22042

Mailing Address
 3110 FAIRVIEW PARK, SUITE 300
 FALLS CHURCH, VA 22042



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1250229	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, ALAN
 4849 NORTH WICKHAM RD
 MELBOURNE, FL 32940-7506

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROOME III, PAUL W 3093 WINDSONG DRIVE OAKTON, VA 22124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOER, F. PETER DR. 47 COUNTRY ROAD SOUTH BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, KATHERINE K 282 SAWGRASS COURT NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, ALAN G 4317 UPLAND DR. ALEXANDRIA, VA 22310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <i>BOGDANOVIC, MILAN</i> GOGDANOVIC, MILAN 5328 CHANDLEY FARM CIRCLE CENTERVILLE, VA 20120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDONALD, JOANNE 15824 SHEADS MOUNTAIN RD RIXEYVILLE, VA 22737

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* MILAN BOGDANOVIC *4-28-08* 703-321-4459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #