

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000054

FILED
Feb 15, 2010
Secretary of State

Entity Name: ENSCO SERVICES COMPANY, INC.

Current Principal Place of Business:

3110 FAIRVIEW PARK, SUITE 300
FALLS CHURCH, VA 22042

New Principal Place of Business:

Current Mailing Address:

3110 FAIRVIEW PARK, SUITE 300
FALLS CHURCH, VA 22042

New Mailing Address:

FEI Number: 54-1250229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIEGEL, ALAN
4849 NORTH WICKHAM RD
MELBOURNE, FL 329407506 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C
Name: BROOME III, PAUL W
Address: 3093 WINDSONG DRIVE
City-St-Zip: OAKTON, VA 22124

Title: D
Name: BOER, F. PETER DR.
Address: 47 COUNTRY ROAD SOUTH
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D
Name: CLARK, KATHERINE K
Address: 282 SAWGRASS COURT
City-St-Zip: NAPLES, FL 34110

Title: P
Name: BELL, ALAN G
Address: 4317 UPLAND DR.
City-St-Zip: ALEXANDRIA, VA 22310

Title: VT
Name: BOGDANOVIC, MILAN
Address: 5328 CHANDLEY FARM CIRCLE
City-St-Zip: CENTERVILLE, VA 20120

Title: S
Name: MCDONALD, JOANNE
Address: 15824 SHEADS MOUNTAIN RD
City-St-Zip: RIXEYVILLE, VA 22737

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MILAN J. BOGDANOVIC

TREA

02/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date