

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90058 021 \*\*\*150.00

**DOCUMENT # F07000000978**

1. Entity Name  
**TECHNIP USA, INC.**



40031700



Principal Place of Business  
11700 OLD KATY ROAD, STE 150  
HOUSTON, TX 77079

Mailing Address  
11700 OLD KATY ROAD, STE 150  
HOUSTON, TX 77079

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02042008 Chg-P CR2E034 (12/06)

4. FEI Number  
51-0334655

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME WISHART, JOHN  
STREET ADDRESS 11700 OLD KATY ROAD, STE 150  
CITY-ST-ZIP HOUSTON, TX 77079

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CEDELLE, ALAIN  
STREET ADDRESS LA DEFENSE 12, 92973  
CITY-ST-ZIP PARIS LA DEFENSE CEDEX,

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME ROQUEMORE, DAVE  
STREET ADDRESS 11700 OLD KATY ROAD, STE 150  
CITY-ST-ZIP HOUSTON, TX 77079

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME FINNEN, MALACHY  
STREET ADDRESS 11700 OLD KATY ROAD, STE 150  
CITY-ST-ZIP HOUSTON, TX 77079

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME BANNERMAN, STUART  
STREET ADDRESS 11700 OLD KATY ROAD, STE 150  
CITY-ST-ZIP HOUSTON, TX 77079

TITLE Treasurer & CFO ☐ Change ☒ Addition  
NAME Deanna Goodwin  
STREET ADDRESS 11700 Old Katy Rd., #150  
CITY-ST-ZIP Houston, Texas 77079

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Malachy Finnen* - MALACHY FINNEN - Feb-14-2008 281-870-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #