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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000355 (8)

1. Corporation Name
SVERDRUP FACILITIES, INC.

Principal Place of Business	Mailing Address
13723 RIVERPORT DR. MARYLAND HEIGHTS MO 63043	13723 RIVERPORT DR. MARYLAND HEIGHTS MO 63043-4819

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/14/1993	3a. Date of Last Report 02/07/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 43-1622210	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired X	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	VP-SEC-GEN. COUNSEL-DIR	☒ Change ☐ Addition
NAME	BEUMER, R E		1.2 NAME	J.J. SCOTT	
STREET ADDRESS	13013 WHEATFIELD FARM RD.		1.3 STREET ADDRESS	4650 GRAND CASTLE	
CITY-ST-ZIP	TOWN & COUNTRY MO 63131		1.4 CITY-ST-ZIP	ST. LOUIS MO 63128	
TITLE	DP	☐ DELETE	2.1 TITLE	ASST. SEC.	☒ Change ☐ Addition
NAME	KREIKEMEIER, K G		2.2 NAME	A.S. MORRISSON	
STREET ADDRESS	80 WEBSTER WOODS		2.3 STREET ADDRESS	12150 BENT BROOK RD	
CITY-ST-ZIP	ST. LOUIS MO 63119		2.4 CITY-ST-ZIP	DES PERES, MO 63122	
TITLE	SVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WOLEY, G. E		3.2 NAME		
STREET ADDRESS	15 BARISTO		3.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92715		3.4 CITY-ST-ZIP		
TITLE	SVP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORRISSON, A.S.		4.2 NAME		
STREET ADDRESS	12150 BENT BROOK RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DES PERES MO		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CREWS, F H		5.2 NAME		
STREET ADDRESS	415 SULPHER SPRINGS RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER MO 63021		5.4 CITY-ST-ZIP		
TITLE	ASTS	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, J J		6.2 NAME		
STREET ADDRESS	4650 GRANDCASTLE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63128		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A.S. Morrison 1-14-97 314-770-4720