SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F93000002745 (8)**

1. Corporation Name
BAKER HUGHES OILFIELD OPERATIONS, INC.

Principal Place of Business	Mailing Address
3900 ESSEX LANE, SUITE 1200 HOUSTON TX 77027	3900 ESSEX LANE, SUITE 1200 HOUSTON TX 77027

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **06/14/1993**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **94-1302886** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
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 ROAD
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	LUKENS, MAX L	
STREET ADDRESS	3900 ESSEX LANE, SUITE 1200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VPCD	☐ DELETE
NAME	FINLEY, G S	
STREET ADDRESS	3900 ESSEX LANE, SUITE 1200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	S	☐ DELETE
NAME	O'DONNELL, III L	
STREET ADDRESS	15355 VANTAGE PARKWAY W, SUITE 300	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	☐ DELETE
NAME	RICHARD H. HEBEL, JR.	
STREET ADDRESS	15355 VANTAGE PARKWAY W., SUITE 300	
CITY-ST-ZIP	HOUSTON TX	
TITLE	SVP	☐ DELETE
NAME	TRAHAN, JAY P	
STREET ADDRESS	15355 VANTAGE PARKWAY W., SUITE 300	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VP	☐ DELETE
NAME	HERBERT, R P	
STREET ADDRESS	3900 ESSEX LANE, SUITE 1200	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G. S. Finley 6-21-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)