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May 01 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 # **F93000002854 (8)**

1. Corporation Name
GZA DRILLING, INC.

Principal Place of Business
**320 NEEDHAM STREET
NEWTON UPPER FALLS MA 02164**

Mailing Address
**320 NEEDHAM STREET
LEGAL DEPARTMENT
NEWTON UPPER FALLS MA 02164-1513
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

01/30/1996

4. FEI Number

04-2774546

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEONARD M. SEALE	
STREET ADDRESS	320 NEEDHAM STREET	
CITY-ST-ZIP	NEWTON UPPER FALLS MA	
TITLE	CLRK	<input type="checkbox"/> DELETE
NAME	THOMPSON, HELGA FINLAY	
STREET ADDRESS	320 NEEDHAM STREET	
CITY-ST-ZIP	NEWTON UPPER FALLS MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SARKISIAN, GARY G.	
STREET ADDRESS	320 NEEDHAM STREET	
CITY-ST-ZIP	NEWTON UPPER FALLS MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHN B. FORDE	
STREET ADDRESS	320 NEEDHAM STREET	
CITY-ST-ZIP	NEWTON UPPER FALLS MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	M. Joseph Cell	
1.3 STREET ADDRESS	320 Needham Street	
1.4 CITY-ST-ZIP	Newton Upper Falls, MA 02164	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Paul J. Tavalone	
3.3 STREET ADDRESS	320 Needham Street	
3.4 CITY-ST-ZIP	Newton Upper Falls, MA 02164	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Andrew P. Pajak	
5.3 STREET ADDRESS	320 Needham Street	
5.4 CITY-ST-ZIP	Newton Upper Falls, MA 02164	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Helga Finlay Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Helga Finlay Thompson, Secretary of the Corporation

4/24/97

Date

(617) 630-6234

Daytime Phone #

CR2E034 (9/96)