

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000005026 (0)

1. Corporation Name

NORCEN EXPLORER, INC.



Principal Place of Business

200 W. LAKE PARK RD.  
SUITE 800  
HOUSTON TX 77079-2653

Mailing Address

200 W. LAKE PARK RD.  
SUITE 800  
HOUSTON TX 77079-2653

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified  
11/05/1993

3a. Date of Last Report  
06/12/1995

4. FET Number

98-0062231

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

10. Name and Address of New Registered Agent

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

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 be it applicable

(NOTE: Registered Agent Signature required when changing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLING, GRANT D	
STREET ADDRESS	715 - 5TH AVE., S.W.	
CITY-ST-ZIP	CALGARY, ALBERTA CANADA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DYER, BYRON F	
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REISCH, THERESIA R	
STREET ADDRESS	715 - 5TH AVE., S.W.	
CITY-ST-ZIP	CALGARY, ALBERTA CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, DOUGLAS W	
STREET ADDRESS	715 - 5TH AVE., S.W.	
CITY-ST-ZIP	CALGARY, ALBERTA CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWEITZER, W MARK	
STREET ADDRESS	715 - 5TH AVE., S.W.	
CITY-ST-ZIP	CALGARY, ALBERTA CANADA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KEYS, RANDALL O	
STREET ADDRESS	200 WESTLAKE PARK BLVD STE 200	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

*Gary S. Sella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary S. Sella

2/19/96

(713) 558-6641

(DATE)

(DAYTIME PHONE #)

CR2E034 (12/95)