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FILED

May 15 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 # 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

2. Principal Place of Business

21 300 WESTLAKE PARK BLVD

Suite, Apt. #, etc.

22 SUITE 800

City & State

23 HOUSTON, TX

Zip

24 77079-2653

Country

25 USA

2a. Mailing Address

26 300 WESTLAKE PARK BLVD

Suite, Apt. #, etc.

27 SUITE 800

City & State

28 HOUSTON, TX

Zip

29 77079-2653

Country

30 USA

3. Date Incorporated or Qualified

11/05/1993

3a. Date of Last Report

03/26/1996

4. FEI 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

C T CORPORATION SYSTEM  
1200 S. 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

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 ☐ DELETE

NAME BILLING, GRANT D  
STREET ADDRESS 715-5TH AVE., S.W.  
CITY - ST - ZIP CALGARY, ALBERTA CANADA

TITLE ☐ DELETE

NAME DYER, BYRON F  
STREET ADDRESS 200 WESTLAKE PARK BLVD STE 200  
CITY - ST - ZIP HOUSTON TX

TITLE ☐ DELETE

NAME REISCH, THERESIA R  
STREET ADDRESS 715-5TH AVE., S.W.  
CITY - ST - ZIP CALGARY, ALBERTA CANADA

TITLE ☐ DELETE

NAME PALMER, DOUGLAS W  
STREET ADDRESS 715-5TH AVE., S.W.  
CITY - ST - ZIP CALGARY, ALBERTA CANADA

TITLE ☐ DELETE

NAME SCHWEITZER, W MARK  
STREET ADDRESS 715-5TH AVE., S.W.  
CITY - ST - ZIP CALGARY, ALBERTA CANADA

TITLE ☒ 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 ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 425 I STREET S.W.  
1.4 CITY - ST - ZIP CALGARY, ALBERTA T2P 4V4 C0

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 200 WESTLAKE PARK BLVD. SUITE 800  
2.4 CITY - ST - ZIP HOUSTON TX 77079-2653

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 425 I STREET S.W.  
3.4 CITY - ST - ZIP CALGARY, ALBERTA T2P 4V4 C0

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 425 I STREET S.W.  
4.4 CITY - ST - ZIP CALGARY, ALBERTA T2P 4V4 C0

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 425 I STREET S.W.  
5.4 CITY - ST - ZIP CALGARY, ALBERTA T2P 4V4 C0

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
6.3 STREET ADDRESS GARY S. SELLA  
6.4 CITY - ST - ZIP 200 WESTLAKE PARK BLVD STE 800  
HOUSTON, TX 77079-2653

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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4/28/97

(401) 558-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0528130

CR2E034 (9/96)