

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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

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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 300 WESTLAKE PARK BLVD SUITE, APT. #, etc. 26 300 WESTLAKE PARK BLVD. SUITE, APT. #, etc.  
22 SUITE 800 27 SUITE 800  
City & State City & State  
23 HOUSTON, TX 28 HOUSTON, TX  
Zip Country Zip Country  
24 77079-2653 25 USA 29 77079-2653 30 USA

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  DELETE

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 checked="" 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  Change  Addition

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	425 1 STREET S.W.	
1.4 CITY - ST - ZIP	CALGARY, ALBERTA	T2P 4V4 C0
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	425 1 STREET S.W.	
3.4 CITY - ST - ZIP	CALGARY, ALBERTA	T2P 4V4 C0
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	425 1 STREET S.W.	
4.4 CITY - ST - ZIP	CALGARY, ALBERTA	T2P 4V4 C0
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	425 1 STREET S.W.	
5.4 CITY - ST - ZIP	CALGARY, ALBERTA	T2P 4V4 C0
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GAN S. SELLA	
6.3 STREET ADDRESS	200 WESTLAKE PARK BLVD STE 800	
6.4 CITY - ST - ZIP	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 as an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 4/28/97 (407) 558-6611  
DATE DAYTIME PHONE #

CR2E034 (9/96)