

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

CORPORATION ANNUAL REPORT 1990 6		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F 94000002550 (1)			
1. Corporation Name Counties Drilling Corporation			
Principal Place of Business 2290 Butler Pike Plymouth Meeting Pa 19462		Mailing Address Same	
		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21		3a. Date of Last Report 3-9-95	
2a. Mailing Address 26		3. Date Incorporated or Qualified 5-16-94	
Suite, Apt. #, etc. 22		4. FEI Number 73-1422611	
City & State 23		Applied For Not Applicable	
Zip 24		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 26		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 28		9. Name and Address of Current Registered Agent	
Country 29		10. Name and Address of New Registered Agent	
City 30		81 Name Larry D. Simpson 1102 North Gadsden St Tallahassee, FL 32303	
City 31		82 Street Address (P.O. Box Number is Not Acceptable)	
Zip 32		83	
Country 33		84 City FL	
Zip 34		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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES D. DANIELLA	1.2 NAME	
STREET ADDRESS	2290 Butler Pike	1.3 STREET ADDRESS	
CITY-ST-ZIP	Plymouth Meeting Pa 19462	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINA C PIERCE	2.2 NAME	
STREET ADDRESS	2290 Butler Pike	2.3 STREET ADDRESS	
CITY-ST-ZIP	Plymouth Meeting Pa 19462	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS P. DALY	3.2 NAME	
STREET ADDRESS	2290 Butler Pike	3.3 STREET ADDRESS	
CITY-ST-ZIP	Plymouth Meeting Pa 19462	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	600001716746
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-02/16/96--01041--001
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 118.07(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 on an attachment with an address.			
SIGNATURE: Dennis Daly DENNIS DALY 1-10-96 610-828-6200			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			