

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 17 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000005396 (6)
 1. Corporation Name
 SCIENTIFIC DRILLING INTERNATIONAL, INC.



Principal Place of Business: 1100 RANKIN RD, SUITE 330, HOUSTON TX 77073 US
 Mailing Address: PO BOX 670746, HOUSTON TX 77267-0746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-2670371	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT 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
				85	Zip Code FL

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	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN STEENWYK, DONALD H		1.2 NAME		
STREET ADDRESS	1100 RANKIN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN STEENWYK, ELIZABETH		2.2 NAME		
STREET ADDRESS	1100 RANKIN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANDERA, DENNIS		3.2 NAME		
STREET ADDRESS	1100 RANKIN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OVERLY, MARGARET		4.2 NAME		
STREET ADDRESS	1100 RANKIN RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUROCHER, GENE		5.2 NAME		
STREET ADDRESS	1100 RANKIN RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		5.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACRAE, ALISDARIE		6.2 NAME		
STREET ADDRESS	1100 RANKIN RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		6.4 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Sandra B. Mortham* 03 August 1998 281-443-3300

CR2E034 (5/98)



Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters
1100 Rankin Road, Houston, Texas 77073
Tel: 281-443-3300 · Fax: 281-443-3311

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3 August 1998

Florida Department of State
Sandra B. Mortham Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Telephone: 850/487-6059 (#2)
Re: Document F94000005396 (6)

Dear Madame Secretary:

When I received the 1998 Profit Corporation Annual Report Packet, stamped "Second Notice" in the name of Scientific Drilling International, Inc. I began to thoroughly search the office and to inquire around if someone has seen the first notice, and no one had, perhaps because there have been several changes in personnel. Today, when I started gathering the information for the purpose of verifying filing, I realized that a late fee of \$400.00 was assessed. I would like to implore clemency based upon the fact that Scientific Drilling International, Inc. has never been late in paying any fees and/or taxes due, and certainly has no intention of disregarding nor failing in any way the legislature of your great state. I did not know, when I started working for Scientific Drilling International in February that the report should have been filed in January; had I known, I would have called your office to request the form. Please consider waiving the penalty as a good will gesture, I, in turn, have marked my calendar to be on the look out in January of 1999 for the form, and promise you such mishaps will never again happen. In the anticipation of your generosity Madame Secretary, enclosed herein, is a check covering the regular filing fee.

Sincerely and thankfully,

Anna Vassilian

Anna Vassilian
Legal Assistant to Denis Bandera

enclosures: Check and applicable form