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May 06 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 # **F95000001132 (8)**

1. Corporation Name
COOPER CAMERON CORPORATION

Principal Place of Business	Mailing Address
515 POST OAK BLVD 1200 HOUSTON TX 77027 US	515 POST OAK BLVD 1200 HOUSTON TX 77027-9409 US

3. Date Incorporated or Qualified: 03/09/1995
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 76-0451843 ☐ 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

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☒ DELETE	1.1 TITLE	AS	☐ Change ☒ Addition
NAME	CIZIK, ROBERT		1.2 NAME	GRACE HUGHES	
STREET ADDRESS	1001 FANNIN, SUITE 4000		1.3 STREET ADDRESS	515 POST OAK BLVD. SUITE 1200	
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP	HOUSTON, TX 77027	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SEBASTIAN, MICHAEL J		2.2 NAME		
STREET ADDRESS	1001 FANNIN, SUITE 4000		2.3 STREET ADDRESS	11511 SHADOW WAY	
CITY-ST-ZIP	HOUSTON TX 77019		2.4 CITY-ST-ZIP	HOUSTON, TX 77024	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HIX, THOMAS R		3.2 NAME		
STREET ADDRESS	515 POST OAK BLVD - STE 1200		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, FRANKLIN		4.2 NAME		
STREET ADDRESS	515 POST OAK BLVD - STE 1200		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERLAIN, JOSEPH D		5.2 NAME		
STREET ADDRESS	515 POST OAK BLVD - STE 1200		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		5.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	6.1 TITLE	DCP	☒ Change ☐ Addition
NAME	ERIKSON, SHELDON R		6.2 NAME		
STREET ADDRESS	515 POST OAK BLVD - STE. 1200		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: Franklin Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANKLIN MYERS SR. VICE PRESIDENT, GENERAL COUNSEL & SECRETARY