

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004194 (5)

1. Corporation Name

WILLIAMS ENERGY SERVICES COMPANY



Principal Place of Business

ONE WILLIAMS CENTER
TULSA OK 74172

Mailing Address

ONE WILLIAMS CENTER
TULSA OK 74172

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

P.O. Box 2848

Suite, Apt. #, etc.

22

27

City & State

Tax Dept. (MD 19-5)

City & State

23

28

Zip

Country

Tulsa, OK

Zip

Country

24

25

29

74101-9567

30

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/30/1995

3a. Date of Last Report

4. FEI Number

73-1423657

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

DELETE

NAME

CROPPER, STEPHEN L
ONE WILLIAMS CENTER
TULSA OK

STREET ADDRESS

CITY - ST - ZIP

TITLE

PD

DELETE

NAME

WRIGHT, PHILLIP D
ONE WILLIAMS CENTER
TULSA OK

STREET ADDRESS

CITY - ST - ZIP

TITLE

VTD

DELETE

NAME

BEST, G L
ONE WILLIAMS CENTER
TULSA OK

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

DELETE

NAME

HIGBEE, DAVID M
ONE WILLIAMS CENTER
TULSA OK

STREET ADDRESS

CITY - ST - ZIP

TITLE

VATO

DELETE

NAME

SUKALY, BRUCE A
ONE WILLIAMS CENTER
TULSA OK

STREET ADDRESS

CITY - ST - ZIP

TITLE

VATO

DELETE

NAME

JONES II, H D
ONE WILLIAMS CENTER
TULSA OK

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

P/D

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

V/D

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.L. Best

4/25/96

918/588-3493

Ma

Vice Pres. Treasurer & Asst. Sec

Date

Daytime Phone #

CR2E034 (12/95)