


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

FILED
Mar 24 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 # F96000002173 (0)					
1. Corporation Name CORE LABORATORIES, INC.					
Principal Place of Business 5295 HOLLISTER ROAD HOUSTON TX 77040			Mailing Address 5295 HOLLISTER ROAD HOUSTON TX 77040		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 76-0446294	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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	7. 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	DEMISHUR, DAVID M				
STREET ADDRESS	5295 HOLLISTER ROAD				
CITY-ST-ZIP	HOUSTON TX 77040				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	PERNA, JOSEPH R				
STREET ADDRESS	5295 HOLLISTER ROAD				
CITY-ST-ZIP	HOUSTON TX 77040				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	DENSON, JOHN D				
STREET ADDRESS	5295 HOLLISTER ROAD				
CITY-ST-ZIP	HOUSTON TX 77040				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	BERGMARK, RICHARD				
STREET ADDRESS	5295 HOLLISTER ROAD				
CITY-ST-ZIP	HOUSTON TX 77040				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	WEINROTH, STEPHEN D				
STREET ADDRESS	152 W 57TH				
CITY-ST-ZIP	NEW YORK NY 10019-3301				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	READ, JAMES A				
STREET ADDRESS	MANFIELD HOUSE, 376-379 STRAND, LONDON				
CITY-ST-ZIP	WC2R 0LR UNITED KINGDOM				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE: *[Signature]*

2/24/98 713 329-7408

CR2E034 (10/97)