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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000002173 1. Corporation Name

CORE LABORATORIES, INC.

Principal Place of Business 5295 HOLLISTER ROAD HOUSTON TX 77040

21

22

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

5295 HOLLISTER ROAD HOUSTON TX 77040

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28 Zip

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90091 023 ***158.75



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees --

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

05/01/1996 4. FEI Number

76-0446294

Zip	Country Zip		Country	У	8. This corporation owes the	ne current year Int		_
4	25 29	3	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current Registered		10. Name and Address of New Registered Agent					
	CORPORATION SYSTEM) SOUTH PINE ISLAND ROAD		81		ess (P.O. Box Number is Not A	Acceptable)		
	NTATION FL 33324		83			-		
PLA	NIATION FL 33324		03	'				
			84	1		FL	-	ip Code
office or r	to the provisions of Sections 607.0502 and 607.15 registered agent, or both, in the State of Florida. Sum familiar with, and accept the obligations of, Sect	ch change was aut	thorized by	the corporation	oration submits this statement to on's board of directors. I hereby	for the purpose of accept the appo	changing intment as	its registered registered
SIGNATURE		ANOTE: S	Downsond Ass	ent signature required	d when coinstating)	n DATE		·
12.	Signature, typed or printed name of registered agent and title if applic OFFICERS AND DIRECTOR		13.	ant signature require	ADDITIONS/CHANGES		ND DIREC	TORS IN 12
TITLE	P OFFICERS AND BIRECTOR	□ DELETE	1.1 TITLE				☐ Chan	
NAME	DEMSHUR, DAVID M	<u> </u>	1.2 NAME					
				ET ADORESS				
STREET ADORESS	0000		1.4 CITY-5					
CITY-ST-ZIP	HOUSTON TX 77040	OELETE	2.1 TITLE	51-21			☐ Chan	ge Addition
TITLE	PEDALA LOCEDIA D	7	2.2 NAME	ļ				-
NAME	PERNA, JOSEPH R			ET ADDRESS				
STREET ADDRESS	323							
CITY-ST-ZIP	HOUSTON TX 77040	☐ DELETE	2.4 CITY- 3.1 TITLE	\$1-ZIP		,,,,,	Chan	ge Addition
TITLE	S S S S S S S S S S S S S S S S S S S	- Deterie	3.2 NAME			•	_	• –
NAME	DENSON, JOHN D			ļ				
STREET ADDRESS	, 0200 110 2210 1211 1101			ET ADORESS				
CITY-ST-ZIP	HOUSTON TX 77040	□ DELETE	3.4. CITY-				[T] Char	ge
TITLE	T	□ pereie	4.\ TITLE					.go <u></u>
NAME	BERGMARK, RICHARD		4. 2 NAME	i				
STREET ADDRESS	0200 110 120 121 1101 12			ET ADDRESS				
CITY-ST-ZIP	HOUSTON TX 77040		4.4 CITY-	ST-ZIP			☐ Char	ige
TITLE		☐ DELETE	5.1 TITLE				Char	Ae □ WOONOU
NAME			5.2 NAME					
STREET ADDRESS			ı	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-1				T Char	-
TITLE		☐ DELETE	6.1 TITLE				☐ Char	nge
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY-					
14. I hereby	certify that the information supplied with this filing do	oes not qualify for	the exemp	tion stated in S	Section 119.07(3)(i), Florida Sta	atutes. I further ce	rtify that t	he information

Country

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, with all other like empowered.

SIGNATURE: