

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 # **F97000000578**

1. Corporation Name

CONTINENTAL EMSCO COMPANY

Principal Place of Business

**13111 NORTHWEST FREEWAY, STE. 100
HOUSTON TX 77040**

Mailing Address

**13111 NORTHWEST FREEWAY, STE. 100
HOUSTON TX 77040**

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90083 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

76-0518782

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMBRUST, CHARLES A	
STREET ADDRESS	13111 NORTHWEST FREEWAY, STE. 100	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, WARREN	
STREET ADDRESS	13111 NORTHWEST FREEWAY, STE. 100	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STANSBERRY, MICHAEL L	
STREET ADDRESS	13111 NORTHWEST FREEWAY, STE. 100	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERIDON, STEPHENIE R	
STREET ADDRESS	13111 NORTHWEST FREEWAY, STE. 100	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WOLOD, LARRY	
STREET ADDRESS	13111 NORTHWEST FREEWAY, STE. 100	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	<i>Vice President - Finance</i>
2.3 STREET ADDRESS	<i>X.D. Hunt</i>
2.4 CITY-ST-ZIP	<i>13111 Northwest Freeway, Ste. 100 Houston, TX 77040</i>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>President</i>
3.3 STREET ADDRESS	<i>Roger Naffziger</i>
3.4 CITY-ST-ZIP	<i>13111 Northwest Freeway, Ste. 100 Houston, TX 77040</i>
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	

14. I 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)