2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F97000000578 Jun 23, 2000 8:00 am **Secretary of State** Continental Emsco Company 06-23-2000 90107 009 ***550.00 13111 Northwest Truy. # 200 00066133 Houston, TX 77040 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 76-0518782 City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT Corporation System
1200 South Pine Usland Road Street Address (P.O. Box Number is Not Acceptable) Plantation, FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Ermbrust, Charles A. A Delete NAME NAME thwest Fruy. STREET ADDRESS STREET ADDRESS riston TX 77040 CITY-ST-ZIP CITY-ST-ZIP Enance, Lee + Frees. - Change TITLE NAME STREET ADDRESS STREET ADDRESS Houston, TX 77040 CITY-ST-7IP assistant treasurer TITLE TITLE Delete wolod, Larry B. 13111 Northwest Free NAME nafriger, Rager STREET ADDRESS STREET ADDRESS Houston, TX 77040 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. arry Wolod SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO