

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am
 Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F97000004753 (6)
 1. Corporation Name
SHELL OFFSHORE SERVICES COMPANY



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|--|--|
| Principal Place of Business PO BOX 61933 NEW ORLEANS LA 70161 | Mailing Address PO BOX 61933 NEW ORLEANS LA 70161 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/11/1997 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 72-1311468 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input 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 | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SO PINE ISLAND RD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE CD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE CD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME FUNK, J M | | 1.2 NAME P. R. SULLIVAN | |
| STREET ADDRESS 701 POYDRAS ST | | 1.3 STREET ADDRESS 701 POYDRAS ST | |
| CITY-ST-ZIP NEW ORLEANS LA 70139 | | 1.4 CITY-ST-ZIP NEW ORLEANS, LA 70139 | |
| TITLE P | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME GLAVIANO, F A | | 2.2 NAME P. L. BRIZZOLARA | |
| STREET ADDRESS 701 POYDRAS ST | | 2.3 STREET ADDRESS 701 POYDRAS ST | |
| CITY-ST-ZIP NEW ORLEANS LA 70139 | | 2.4 CITY-ST-ZIP NEW ORLEANS, LA 70139 | |
| TITLE V | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME HAUSER, N | | 3.2 NAME R. A. PATTAROZZI | |
| STREET ADDRESS 701 POYDRAS ST | | 3.3 STREET ADDRESS 701 POYDRAS ST | |
| CITY-ST-ZIP NEW ORLEANS LA 70139 | | 3.4 CITY-ST-ZIP NEW ORLEANS, LA 70139 | |
| TITLE V | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MOONEY, W T | | 4.2 NAME | |
| STREET ADDRESS 701 POYDRAS ST | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP NEW ORLEANS LA 70139 | | 4.4 CITY-ST-ZIP | |
| TITLE AV | <input type="checkbox"/> DELETE | 5.1 TITLE VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LASSERE, M J | | 5.2 NAME | |
| STREET ADDRESS 701 POYDRAS ST | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP NEW ORLEANS LA 70139 | | 5.4 CITY-ST-ZIP | |
| TITLE T | <input type="checkbox"/> DELETE | 6.1 TITLE S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME NECAISE, G H | | 6.2 NAME S. J. PAUL | |
| STREET ADDRESS 701 POYDRAS ST | | 6.3 STREET ADDRESS 910 LOUISIANA | |
| CITY-ST-ZIP NEW ORLEANS LA 70139 | | 6.4 CITY-ST-ZIP HOUSTON, TX 77002 | |

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.

CR2E034 (5/98)