

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

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

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

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

72-1311468

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 CD ☒ DELETE

NAME FUNK, J M
STREET ADDRESS 701 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70139

TITLE P ☒ DELETE

NAME GLAVIANO, F A
STREET ADDRESS 701 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70139

TITLE V ☒ DELETE

NAME HAUSER, N
STREET ADDRESS 701 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70139

TITLE V ☐ DELETE

NAME MOONEY, W T
STREET ADDRESS 701 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70139

TITLE AV ☐ DELETE

NAME LASSERE, M J
STREET ADDRESS 701 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70139

TITLE T ☐ DELETE

NAME NECAISE, G H
STREET ADDRESS 701 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☒ Addition

1.2 NAME P. R. SULLIVAN
1.3 STREET ADDRESS 701 POYDRAS ST
1.4 CITY-ST-ZIP NEW ORLEANS, LA 70139

2.1 TITLE P ☐ Change ☒ Addition

2.2 NAME P. L. BRIZZOLARA
2.3 STREET ADDRESS 701 POYDRAS ST
2.4 CITY-ST-ZIP NEW ORLEANS, LA 70139

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME R. A. PATTAROZZI
3.3 STREET ADDRESS 701 POYDRAS ST
3.4 CITY-ST-ZIP NEW ORLEANS, LA 70139

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VP ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE S ☐ Change ☒ Addition

6.2 NAME S. J. PAUL
6.3 STREET ADDRESS 910 LOUISIANA
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)