2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # F98000007011 1. Entity Name PANCANADIAN ENERGY SERVICES INC. 05-06-2002 90058 008 ***150.00 Mailing Address Principal Place of Business 1200 SMITH, STE, 900 1200' SMITH, STE. 900. HOUSTON TX 77002 HOUSTON TX 77002 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 76-0566575 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 8.-Name and Address of Current Registered Agent= Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 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. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME LAIRD, NANCY STREET ADDRESS 150 9TH AVE. SW STREET ADDRESS CITY-ST-ZIP CALGARY, ALBERTA CANADA T2P -2S5 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME LINCOLN, ROBERT NAME STREET ADDRESS STREET ADDRESS 666 THIRD AVE. CITY-ST-ZIP NEW_YORK-NY-10017-5683= CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ELIAS, CRAIG STREET ADDRESS STREET ADDRESS 1200 SMITH, STE. 900 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77002** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SCHULLER, LAURIE J STREET ADDRESS STREET ADDRESS 150 9TH AVE. SW CITY-ST-ZIP CITY-ST-ZIP CALGARY, ALBERTA CANADA T2P -2S5 Change ☐ Addition ☐ Delete TITLE PEARCE, ROBERT A NAME STREET ADDRESS STREET ADDRESS 150- 9THAVENUE SW CITY-ST-ZIP CITY-ST-ZIP CALGARY, ALBERTA CA T92-P255 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5/02

(403) 290-294/ Daytime Phone #

FILED