

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003781

1. Entity Name

TECHNIP USA CORPORATION

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90005 047 ***150.00

Principal Place of Business
650 CIENEGA AVENUE
SAN DIMAS CA 91773-2933

Mailing Address
650 CIENEGA AVENUE
SAN DIMAS CA 91773-2933

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **95-2866553**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **XX**

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	KRAMMER, GEORGES	1990 POST OAK BLVD SUITE 200	HOUSTON TX 77056	<input type="checkbox"/>
CEOP	BAKER, DAVID	1990 POST OAK BLVD SUITE 200	HOUSTON TX 77056	<input type="checkbox"/>
TD	VAN-DEN DAELEN, REGINALD	1990 POST OAK BLVD SUITE 200	HOUSTON TX 77056	<input type="checkbox"/>
V	TURNER, GERALD L JR	1990 POST OAK BLVD SUITE 200	HOUSTON TX 77056	<input checked="" type="checkbox"/>
S	THEEUWES, ALFONS	1990 POST OAK BLVD SUITE 200	HOUSTON TX 77056	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: Alfons Theeuwes 01/31/00 (909) 971-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)