


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am
Secretary of State

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

DOCUMENT # **P14775** (1)
1. Corporation Name
COOPER TURBOCOMPRESSOR, INC.



| | |
|--|--|
| Principal Place of Business 515 POST OAK BLVD SUITE 1200 HOUSTON TX 77027 US | Mailing Address 515 POST OAK BLVD SUITE 1200 HOUSTON TX 77027 US |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | | |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 06/10/1987 | 4. FEI Number 13-3389172 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 | <input type="checkbox"/> DELETE |
| NAME | SHELDON R. ERIKSON | |
| STREET ADDRESS | 515 POST OAK BLVD, SUITE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | VDCF | <input type="checkbox"/> DELETE |
| NAME | THOMAS R. HIX | |
| STREET ADDRESS | 515 POST OAK BLVD SUITE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MINTER, E. F | |
| STREET ADDRESS | 3101 BROADWAY | |
| CITY-ST-ZIP | BUFFALO NE | |
| TITLE | VDS | <input type="checkbox"/> DELETE |
| NAME | TRUETT FRANKLIN MYERS | |
| STREET ADDRESS | 515 POST OAK BLVD SUITE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | DANIEL P. KEENAN | |
| STREET ADDRESS | 515 POST OAK BLVD SUITE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | GRACE HUGHES | |
| STREET ADDRESS | 515 POST OAK BLVD SUITE 1200 | |
| CITY-ST-ZIP | HOUSTON TX | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Grace Hughes*

(113) 528-3322

CR2E037 (10/97)