


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

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
---	---

3. Date Incorporated or Qualified 06/10/1987	
4. FEI Number 13-3389172	Applied For <input type="checkbox"/> Yes <input checked="" 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 checked="" 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	

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
---	--

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME SHELDON R. ERIKSON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 515 POST OAK BLVD, SUITE 1200	CITY-ST-ZIP HOUSTON TX	1.2 NAME	
TITLE VDCF	NAME THOMAS R. HIX	1.3 STREET ADDRESS	
STREET ADDRESS 515 POST OAK BLVD SUITE 1200	CITY-ST-ZIP HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE P	NAME MINTER, E. F	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3101 BROADWAY	CITY-ST-ZIP BUFFALO NE	2.2 NAME	
TITLE VDS	NAME TRUETT FRANKLIN MYERS	2.3 STREET ADDRESS	
STREET ADDRESS 515 POST OAK BLVD SUITE 1200	CITY-ST-ZIP HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE VT	NAME DANIEL P. KEENAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 515 POST OAK BLVD SUITE 1200	CITY-ST-ZIP HOUSTON TX	3.2 NAME	
TITLE AS	NAME GRACE HUGHES	3.3 STREET ADDRESS	
STREET ADDRESS 515 POST OAK BLVD SUITE 1200	CITY-ST-ZIP HOUSTON TX	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) 578-3322

CR2E037 (10/97)