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PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90032 031 ***150.00

DOCUMENT # P14775

Corporation Name
COOPER TURBOCOMPRESSOR, INC.

Principal Place of Business

15 POST OAK BLVD
SUITE 1200
HOUSTON TX 77027

S

Mailing Address

515 POST OAK BLVD
SUITE 1200
HOUSTON TX 77027
US

Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/10/1987

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

13-3389172

Applied For

Not Applicable

City & State

27 City & State

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

Zip

Country

28 Zip

Country

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

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

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CD
SHELDON R. ERIKSON
515 POST OAK BLVD, SUITE 1200
HOUSTON TX☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ AdditionVDCF
THOMAS R. HIX
515 POST OAK BLVD SUITE 1200
HOUSTON TX☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ AdditionP
MINTER, E. F
3101 BROADWAY
BUFFALO NE☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ AdditionVDS
TRUETT FRANKLIN MYERS
515 POST OAK BLVD SUITE 1200
HOUSTON TX☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ AdditionVT
DANIEL P. KEENAN
515 POST OAK BLVD SUITE 1200
HOUSTON TX☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ AdditionAS
GRACE HUGHES
515 POST OAK BLVD SUITE 1200
HOUSTON TX☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1-27-99

713-513-3322