²⁰⁰⁰ UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 22, 2000 8:00 am Secretary of State DOCUMENT # P14861 1. Entity Name **BAKER HUGHES INCORPORATED** 01-22-2000 90055 012 ***150.00 Principal Place of Business Mailing Address 3900 ESSEX LANE 3900 ESSEX LANE U0007389 **SUITE 1200 SUITE 1200** HOUSTON TX 77027 HOUSTON TX 77027-5170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 76-0207995 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ■ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/99 NAME MATTSON, ERIC L NAME STREET ADDRESS 3900 ESSEX LANE, S-1200 STREET ADDRESS CITY-ST-ZIP HOUSTON TX CITY-ST-ZIP TITLE ☐ Delete TITLE T, VPAddition DOTY, DOUGLAS C. NAME NAME STREET ADDRESS 3900 ESSEX LANE, S-1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027** TITLE PD P, D, C ☐ Delete TITLE ☐ Addition NAME LUKINS, MAX L. NAME STREET ADDRESS 3900 ESSEX LANE, S-1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027** TITLE Delete TITLE ☐ Change ☐ Addition NAME O'DONELL, III LAWRENCE NAME STREET ADDRESS 3900 ESSEX LANE, S-1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027** TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, LINDA J NAME STREET ADDRESS STREET ADDRESS 3900 ESSEX LANE, S-1200 CITY-ST-ZIP **HOUSTON TX 77027** CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME FINLEY, G.S. S NAME STREET ADDRESS 3900 ESSEX LANE, S-1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027** 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

FILED