FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16100** **(0)**

1. Corporation Name

HALLIBURTON NUS CORPORATION

Principal Place of Business	Mailing Address
910 CLOPPER RD 8751 W. BROWARD BLVD. GAITHERSBURG MD 20878 US	% C T CORPORATION SYSTEM 8751 W BROWARD BLVD PLANTATION FL 33324-2630 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 53-0258114	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

31 Name

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

33

34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: (Signature of new registered agent if appointed) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	BROWDER, J.F.	12 NAME	
STREET ADDRESS	4100 CLINTON DR	13 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	14 CITY ST ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	ARBOUR, P.W.	22 NAME	
STREET ADDRESS	4100 CLINTON DR	23 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	24 CITY ST ZIP	
TITLE	AT	31 TITLE	☐ Change ☐ Addition
NAME	LOCKWOOD, T.W.	32 NAME	
STREET ADDRESS	4100 CLINTON DR	33 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	ARROWSMITH, PETER D.	42 NAME	
STREET ADDRESS	4100 CLINTON DR	43 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	44 CITY ST ZIP	
TITLE	DC	51 TITLE	☐ Change ☐ Addition
NAME	ZERR, E M	52 NAME	
STREET ADDRESS	4100 CLINTON DR	53 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	54 CITY ST ZIP	
TITLE	AT	61 TITLE V	☒ Change ☒ Addition
NAME	MCCULLOCK, R.S.	62 NAME Ward, J. R.	
STREET ADDRESS	4100 CLINTON DR	63 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: /s/ T. W. Lockwood
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
T. W. Lockwood, Asst. Treasurer

3/30/95 (Date)

713/676-8464 (Telephone Number)

CR