

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16100 (0)

1. Corporation Name

Halliburton NUS Corporation

Principal Place of Business

4100 Clinton Dr.
Houston, TX 77020

Mailing Address

P O Box 3 Attn: Tax Dept.
Houston, TX 77001-0003

3. Date Incorporated or Qualified
09/24/1987

3a. Date of Last Report
05/01/95

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

26 See Above

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

21 See Above

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

9. Name and Address of Current Registered Agent

C T 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)

700001776157
-04/11/96-01021-021

83

84 City

***200.00

FL

85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and office if applicable

(NOTE: Registered Agent Signature required when item 11 is filed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	T. Smith, III	
3. STREET ADDRESS	4100 Clinton Dr. Houston, TX 77020	
4. CITY- ST- ZIP		
5. TITLE	Exec. Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	R. B. Fischer	
7. STREET ADDRESS	4100 Clinton Dr.	
8. CITY- ST- ZIP	Houston, TX 77020	
9. TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	P. W. Arbour	
11. STREET ADDRESS	4100 Clinton Dr.	
12. CITY- ST- ZIP	Houston, TX 77020	
13. TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	J. R. Ward	
15. STREET ADDRESS	4100 Clinton Dr.	
16. CITY- ST- ZIP	Houston, TX 77020	
17. TITLE	Assist. Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	T. W. Lockwood	
19. STREET ADDRESS	4100 Clinton Dr.	
20. CITY- ST- ZIP	Houston, TX 77020	
21. TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	P. W. Arbour	
23. STREET ADDRESS	4100 Clinton Dr.	
24. CITY- ST- ZIP	Houston, TX 77020	

14. I do 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)(k), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 713/676-3011

Day/Even Phone #

CR2E034 (12/95)