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**Mar 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20582 (3)

1. Corporation Name
ENSCO OF ARKANSAS, INC.



Principal Place of Business 400 N. MICHIGAN AVE., STE 610 CHICAGO IL 60611 US	Mailing Address 400 N. MICHIGAN AVE., STE 610 CHICAGO IL 60611-4105 US
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3. Date Incorporated or Qualified 08/23/1988	3a. Date of Last Report 09/16/1996
4. FEI Number 71-0460270	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**THE CORPORATION COMPANY
100 BISCAYNE BLVD
C/O CT CORPORATION SYSTEM
MIAMI FL 33312**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, ROBERT J	
STREET ADDRESS	400 N. MICHIGAN AVE., STE 610	
CITY - ST - ZIP	CHICAGO IL 60611	
TITLE	VDST	<input type="checkbox"/> DELETE
NAME	GUNDERSON, CHAD B	
STREET ADDRESS	100 TRI-STATE INT'L., STE 280	
CITY - ST - ZIP	CHICAGO IL 60611	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DARNELL, STEVEN K	
STREET ADDRESS	309 AMERICAN CIRCLE	
CITY - ST - ZIP	EL DORADO AR 71730	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CRAFT, JOHN P	
STREET ADDRESS	309 AMERICAN CIRCLE	
CITY - ST - ZIP	EL DORADO AR 71730	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEBSTER, DAVID J	
STREET ADDRESS	400 N. MICHIGAN AVE	
CITY - ST - ZIP	CHICAGO IL 60611	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David J. Webster* **DAVID J. WEBSTER, V.P., TAXES** **2/4/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **312-836-0200**

CR2E034 (9/96)