FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

PROFIT Apr 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name ENSCO OF ARKANSAS, INC. Principal Place of Business Mailing Address 400 N. MICHIGAN AVE., STE 610 400 N. MICHIGAN AVE., STE 610 CHICAGO IL 60611 CHICAGO IL 60611 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/23/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 71-0460270 21 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ΠNο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE CORPORATION COMPANY Name 81 100 BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM **MIAMI FL 33312** 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 TITLE CHIEF EXECUTIVE OFFICER X Change Addition ANDERSON, ROBERT J NAME 1.2 NAME 400 N. MICHGAN AVE., STE 610 STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL 60611 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition **GUNDERSON, CHAD B** NAME 2 2 NAME 100 TRI-STATE INT'L., STE 260 STREET ADDRESS 2.3 STREET ADDRESS CHICAGO IL 60611 CITY-ST-ZIP 2.4 CITY - ST - ZIP ☐ DELET€ TITLE Change Addition 3.1 TITLE Darnell, Steven K NAME 3.2 NAME **309 AMERICAN CIRCLE** STREET ADDRESS 3.3 STREFT ADDRESS EL DORADO AR 71730 CITY - ST - ZIP 3.4. CITY - ST - ZIP X DELETE Change Addition TITLE 4.1 TITLE CRAFT, JOHN P NAME 4.2 NAME 309 AMERICAN CIRCLE STREET ADDRESS 4.3 STREET ADDRESS EL DORADO AR 71730 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE THILF Change Add tion 5.1 TITLE WEBSTER, DAVID J NAME 5.2 NAME 400 N. MICHIGAN AVE STREET ADDRESS 5.3 STREET ADDRESS CHICAGO IL 60611 CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change X Addition PRESIDENT, DIRECTOR NAME 6.2 NAME RICHARD D. ZIMINSKI STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

DAVID J. WEBSTER

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312-83640200