

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90065 048 ***150.00

DOCUMENT # P20582

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1988

4. FEI Number

71-0460270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

THE CORPORATION COMPANY
100 BISCAYNE BLVD
C/O CT CORPORATION SYSTEMS
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

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. 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

TITLE CEO ☐ DELETE

NAME ANDERSON, ROBERT J
STREET ADDRESS 400 N. MICHIGAN AVE., STE 610
CITY-ST-ZIP CHICAGO IL 60611

TITLE VDST ☐ DELETE

NAME GUNDERSON, CHAD B
STREET ADDRESS 100 TRI-STATE INT'L, STE 260
CITY-ST-ZIP CHICAGO IL 60611

TITLE V ☐ DELETE

NAME DARNELL, STEVEN K
STREET ADDRESS 309 AMERICAN CIRCLE
CITY-ST-ZIP EL DORADO AR 71730

TITLE AT ☒ DELETE

NAME CRAFT, JOHN P
STREET ADDRESS 309 AMERICAN CIRCLE
CITY-ST-ZIP EL DORADO AR 71730

TITLE V ☐ DELETE

NAME WEBSTER, DAVID J
STREET ADDRESS 400 N. MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL 60611

TITLE PD ☒ DELETE

NAME ZIMINSKI, RICHARD D
STREET ADDRESS 100 TRI STATE INTL, STE 260
CITY-ST-ZIP LINCOLNSHIRE IL 60069

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID J. WEBSTER
SECRETARY

Date

Daytime Phone #

CR2E034 (1/98)