

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

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

04-02-1999 90065 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>08/23/1988</b>	
4. FEI Number <b>71-0460270</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	CEO	<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 260	
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 checked="" 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	PD	<input checked="" type="checkbox"/> 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	<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 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:  **DAVID J. WEBSTER** **SECRETARY** **3/22/99** **(312) 836-0200**

CR2E034 (11/98)