ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27156 (9)

1. Corporation Name
FORTRAN EXPLORATION COMPANY

Principal Place of Business	Mailing Address
2800 POST OAK BLVD P.O. BOX 1396 HOUSTON TX 77251-1396	2800 POST OAK BLVD P.O. BOX 1396 HOUSTON TX 77251-1396

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1989
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 76-0289968 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVC	1.1 TITLE	☐ Change ☐ Addition
NAME	DAGLEY, LARRY J	1.2 NAME	
STREET ADDRESS	2800 POST OAK BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, GRACE L.	2.2 NAME	
STREET ADDRESS	2800 POST OAK BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	COB	3.1 TITLE	☐ Change ☐ Addition
NAME	DESBARRES, JOHN P	3.2 NAME	
STREET ADDRESS	2800 POST OAK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	VARNER, DAVID E	4.2 NAME	
STREET ADDRESS	2800 POST OAK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, C.E. J	5.2 NAME	R. Scott Amann
STREET ADDRESS	2800 POST OAK BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	GCAS	6.1 TITLE	☐ Change ☐ Addition
NAME	GUARR, MICHAEL J	6.2 NAME	
STREET ADDRESS	2800 POST OAK BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	

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)(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: Nick A. Bacile 4/26/95 713-439-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nick A. Bacile, VP & Controller

0062934 CP