

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27156 (9)

1. Corporation Name

FORTTRAN 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

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

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, etc.)
100001809941
-05/06/96--01097--008

83 ***200.00

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SVC	<input checked="" type="checkbox"/> DELETE
NAME	DAGLEY, LARRY J	
STREET ADDRESS	2800 POST OAK BLVD	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, GRACE L.	
STREET ADDRESS	2800 POST OAK BLVD.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	DESBARRES, JOHN P	
STREET ADDRESS	2800 POST OAK BLVD.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VARNER, DAVID E	
STREET ADDRESS	2800 POST OAK BLVD.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	AMANN, R. SCOTT	
STREET ADDRESS	2800 POST OAK BLVD.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	GCAS	<input checked="" type="checkbox"/> DELETE
NAME	GUARR, MICHAEL J	
STREET ADDRESS	2800 POST OAK BLVD.	
CITY-ST-ZIP	HOUSTON TX	

1.1 TITLE	COB & Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Keith E. Bailey	
1.3 STREET ADDRESS	One Williams Center, E. Second Street	
1.4 CITY-ST-ZIP	Tulsa, OK 74172	
2.1 TITLE	VP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jack D. McCarthy	
2.3 STREET ADDRESS	One Williams Center, E. Second Street	
2.4 CITY-ST-ZIP	Tulsa, OK 74172	
3.1 TITLE	VP/Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nick A. Bacile	
3.3 STREET ADDRESS	2800 Post Oak Blvd.	
3.4 CITY-ST-ZIP	Houston, TX 77056	
4.1 TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John C. Bumgarner	
4.3 STREET ADDRESS	One Williams Center, E. Second Street	
4.4 CITY-ST-ZIP	Tulsa, OK 74172	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	David M. Higbee	
5.3 STREET ADDRESS	One Williams Center, E. Second Street	
5.4 CITY-ST-ZIP	Tulsa, OK 74172	
6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bobby E. Potts	
6.3 STREET ADDRESS	One Williams Center, E. Second Street	
6.4 CITY-ST-ZIP	Tulsa, OK 74172	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nick A. Bacile, VP & Controller

4/26/96

Date

713-439-2822

Daytime Phone #

CR2E034 (12/95)