FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:11

DOCUMENT # P28102 (2)

1. Corporation Name

CAMCO INTERNATIONAL INC. OF DELAWARE

Principal Place of Business	Mailing Address
7030 ARDMORE P.O. BOX 14484 HOUSTON TX 77221	7030 ARDMORE P.O. BOX 14484 HOUSTON TX 77221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/08/1990	02/10/1994

4. FEI Number: 13-3517570 — 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

2. Principal Place of Business	2a. Mailing Address
21 7030 ARDMORE STREET	26 P. O. BOX 14484
Suite, Apt. #, etc. 22 TAX DEPARTMENT	Suite, Apt. #, etc. 27 TAX DEPARTMENT
City & State 23 HOUSTON, TX	City & State 28 HOUSTON, TX
Zip 24 77054 — Country 25 U.S.A.	Zip 29 77221 — Country 30 U.S.A.

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 ______ 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	P	11 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	NICHOLSON, GARY	12 NAME	NICHOLSON, GARY D.	
STREET ADDRESS	7030 ARDMORE	13 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	14 CITY-ST-ZIP	HOUSTON, TX 77054	
TITLE	VT	21 TITLE	VICE PRESIDENT/TREASURER	☒ Change ☐ Addition
NAME	YATES, HERBERT S.	22 NAME		
STREET ADDRESS	7030 ARDMORE	23 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	24 CITY-ST-ZIP	HOUSTON, TX 77054	
TITLE	CD	31 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	VEIT, DAVID M.	32 NAME	LONGAKER, BRUCE F.	
STREET ADDRESS	7030 ARDMORE	33 STREET ADDRESS	7030 ARDMORE	
CITY-ST-ZIP	HOUSTON TX	34 CITY-ST-ZIP	HOUSTON, TX 77054	
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	RANDALL, RONALD R.	42 NAME		
STREET ADDRESS	7030 ARDMORE	43 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	44 CITY-ST-ZIP	HOUSTON, TX 77054	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	CALDWELL, ROBERT J.	52 NAME		
STREET ADDRESS	7030 ARDMORE	53 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	54 CITY-ST-ZIP	HOUSTON, TX 77054	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	GOERNER, HUGH H.	62 NAME		
STREET ADDRESS	7030 ARDMORE	63 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	64 CITY-ST-ZIP	HOUSTON, TX 77054	

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] JANUARY 10, 1995 (713) 749-5650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRUCE F. LONGAKER / VICE PRESIDENT

0481001 FP