

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 # P30157 (2)

1. Corporation Name

BJ SERVICES COMPANY, U.S.A.



Principal Place of Business

Mailing Address

5500 NORTHWEST CENTRAL DRIVE
HOUSTON TX 77092

5500 NORTHWEST CENTRAL DRIVE
HOUSTON TX 77092

3. Date Incorporated or Qualified

07/13/1990

3a. Date of Last Report

05/01/1995

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 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 their applicable

(If Only Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME PD

1.2 NAME

STREET ADDRESS STEWART, J.W.

1.3 STREET ADDRESS

CITY- ST- ZIP 4617 BRYN MAWR

1.4 CITY- ST- ZIP

HOUSTON TX

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME

NAME VGCS

2.3 STREET ADDRESS

STREET ADDRESS SHANNON, MARGARET B

2.4 CITY- ST- ZIP

CITY- ST- ZIP 3028 ELLA LEE LANE

3.1 TITLE ☐ Change ☐ Addition

HOUSTON TX

3.2 NAME

TITLE ☐ DELETE

3.3 STREET ADDRESS

NAME VD

3.4 CITY- ST- ZIP

STREET ADDRESS MCSHANE, MICHAEL

4.1 TITLE ☐ Change ☐ Addition

CITY- ST- ZIP 4918 GOLDEN POND

4.2 NAME

KINGWOOD TX

4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY- ST- ZIP

NAME V

5.1 TITLE ☐ Change ☒ Addition

STREET ADDRESS KOOPS, THOMAS H.

5.2 NAME

CITY- ST- ZIP 5219 MOSS GREY LANE

5.3 STREET ADDRESS

SPRING TX

5.4 CITY- ST- ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ~~GOODARZ, G.R.~~

6.2 NAME

STREET ADDRESS ~~17015 COUNTRYBRIDGE RD-~~

6.3 STREET ADDRESS

CITY- ST- ZIP ~~HOUSTON TX~~

6.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.5 TITLE ☐ Change ☐ Addition

NAME T

6.6 NAME

STREET ADDRESS WHICHARD, T.M.

6.7 STREET ADDRESS

CITY- ST- ZIP 222 LOMBARDY

6.8 CITY- ST- ZIP

SUGAR LAND TX

6.9 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)(b), 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:

Taylor M. Whichard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Taylor M. Whichard, Treasurer

April 28, 1996

Date

Day(s), Month & Year

CR2E034 (12/95)