


FILED  
Jun 24, 1999 8:00 am  
Secretary of State

06-24-1999 90003 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P30157 1. Corporation Name BJ SERVICES COMPANY, U.S.A.					
Principal Place of Business 5500 NORTHWEST CENTRAL DRIVE HOUSTON TX 77092			Mailing Address 5500 NORTHWEST CENTRAL DRIVE HOUSTON TX 77092		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 76-0310419	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, J.W.		1.2 NAME		
STREET ADDRESS	4617 BRYN MAWR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP		
TITLE	VGCS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHANNON, MARGARET B		2.2 NAME		
STREET ADDRESS	3028 ELLA LEE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCSHANE, MICHAEL		3.2 NAME		
STREET ADDRESS	4918 GOLDEN POND		3.3 STREET ADDRESS		
CITY-ST-ZIP	KINGWOOD TX		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOOPS, THOMAS H.		4.2 NAME		
STREET ADDRESS	5219 MOSS GREY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING TX		4.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, KENNETH A		5.2 NAME		
STREET ADDRESS	11 HALF MOON COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	THE WOODLANDS TX 77380		5.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHICHARD, T.M.		6.2 NAME		
STREET ADDRESS	222 LOMBARDY		6.3 STREET ADDRESS		
CITY-ST-ZIP	SUGAR LAND TX		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: T.M. WHICHARD T.M. WHICHARD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-99

(713)462-4239

Date

Daytime Phone #

CR2E034 (11/98)