

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90084 018 \*\*\*150.00

0589883

**DOCUMENT # P31208**

1. Entity Name  
**J. RAY McDERMOTT, INC.**

Principal Place of Business <b>1450 POYDRAS STREET          % TAX DEPT.          NEW ORLEANS LA 70112</b>	Mailing Address <b>P.O. BOX 60035          % TAX DEPT.          NEW ORLEANS LA 70112</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>76-0151356</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS <sup>2</sup> - SEE ATTACHED LISTING				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TETRAULT, R.E.</b> <b>1450 POYDRAS STREET</b> <b>NEW ORLEANS LA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP/CFO</b> <b>B.F. Lonaker</b> <b>1450 Poydras Street</b> <b>New Orleans, LA 70112</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPC</b> <b>WOOLSEY, JR</b> <b>1450 POYDRAS STREET</b> <b>NEW ORLEANS LA 70112</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP/GC/Corp Sec</b> <b>J.T. Nesser</b> <b>1450 Poydras Street</b> <b>New Orleans, LA 70112</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HENZLER, T.A.</b> <b>1450 POYDRAS STREET</b> <b>NEW ORLEANS LA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RAWLE, R.H.</b> <b>801 N ELDRIDGE STREET</b> <b>HOUSTON TX</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPGM</b> <b>DRINKWATER, G.W.</b> <b>801 N ELDRIDGE ST</b> <b>HOUSTON TX</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst Sec</b> <b>L.K. Hinrichs</b> <b>1450 Poydras Street</b> <b>New Orleans, LA 70112</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPF</b> <b>GAUBERT, D.R.</b> <b>1450 POYDRAS STREET</b> <b>NEW ORLEANS LA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>B.W. Wilkinson</b> <b>1450 Poydras Street</b> <b>New Orleans, LA 70112</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.A. Henzler T.A. Henzler 03/28 /01 (504) 587-4411  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc. # 31208  
AW 45283

03/15/01

J. RAY MCDERMOTT, INC.  
OFFICERS AND DIRECTORS

OFFICERS

R.H. Rawle  
President

B.F. Longaker  
Executive Vice President and  
Chief Financial Officer

J.T. Nesser  
Executive Vice President and  
General Counsel and Corporate  
Secretary

L.J. Sannino  
Senior Vice President, Human Resources  
& Corp. Compliance Officer

F. R. Oehrlein  
Vice President and General Manager

T.A. Henzler  
Vice President - Tax Administration

D.M. Houser  
Vice President and General Manager

J.D. Krueger  
Vice President

R.A. Jolliff  
Treasurer

G. Blanchard  
Assistant Secretary

R.D. Hargis  
Assistant Secretary

A.P. Landry  
Assistant Secretary

L.K. Hinrichs  
Assistant Secretary

R.E. Stumpf  
Assistant Secretary

J.T. Woodard  
Assistant Secretary

F.E. Brown  
Controller

BUSINESS ADDRESS

200 Westlake Blvd  
Houston, TX 77079

1450 Poydras Street  
New Orleans, LA 70112

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New Orleans, LA 70112

1450 Poydras Street  
New Orleans, LA 70112

200 Westlake Blvd  
Houston, TX 77079

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New Orleans, LA 70112

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1450 Poydras Street  
New Orleans, LA 70112

P.O. Box 188  
Morgan City, LA 70381

200 Westlake Blvd  
Houston, TX 77079

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New Orleans, LA 70112

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