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

APPROVED AND FILED
95 MAY -1 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31345 (2)

1. Corporation Name
DRILLING SPECIALTIES COMPANY

Principal Place of Business
1250 ADAMS BLDG
BARTLEXVILLE OK 74004
US

Mailing Address
1250 ADAMS BLDG
BARTLESVILLE OK 74004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1990
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 73-1207022 — 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICHELS, R. E
STREET ADDRESS	1 NORTHWIND PLAZA, 7600 W TIDWELL #504
CITY ST ZIP	HOUSTON TX
TITLE	V
NAME	SUTHERLAND, GUY E.
STREET ADDRESS	820A ADAMS BLDG
CITY ST ZIP	BARTLESVILLE OK
TITLE	VD
NAME	MAXWELL, GREG G
STREET ADDRESS	813 ADAMS BLDG
CITY ST ZIP	BARTLESVILLE OK
TITLE	T
NAME	MORRIS, T C
STREET ADDRESS	3A4 PHILLIPS BLDG
CITY ST ZIP	BARTLESVILLE OK
TITLE	S
NAME	CONE, D. L.
STREET ADDRESS	1250 ADAMS BLDG
CITY ST ZIP	BARTLESVILLE OK
TITLE	AT
NAME	MC CALL, L. L.
STREET ADDRESS	4 A4 PHILLIPS BUILDING
CITY ST ZIP	BARTLESVILLE, OKA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP ☐ Change ☐ Addition

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)(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.

SIGNATURE: D. L. Cone — D. L. Cone, Secretary 4-25-95 918-661-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0480438 FN