

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P33817** (8)

1. Corporation Name
OCEANEERING TECHNOLOGIES, INC.



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|---|---|
| Principal Place of Business 501 PRINCE GEORGE BLVD. UPPER MARLBORO MD 20772-7415 US | Mailing Address 18001 PARK TEN PLACE STE. 600 HOUSTON TX 77084 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | |
|---|--|--|--|--|------------------------------------|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 11911 FM 529 27 Suite, Apt. #, etc. 28 Houston, TX 29 77041 30 U.S.A. | | 3. Date Incorporated or Qualified 05/03/1991 | 4. FEI Number 25-1212081 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |


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|--|--|--|--|--|--------------------|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MULLEN, CRAIG T. | 1.2 NAME | |
| STREET ADDRESS | 18001 PARK TEN PLACE, STE. 600 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX 77084 | 1.4 CITY-ST-ZIP | |
| TITLE | T | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MINGOIA, ROBERT P. | 2.2 NAME | |
| STREET ADDRESS | 18001 PARK TEN PLACE, STE. 600 | 2.3 STREET ADDRESS | 11911 FM 529 |
| CITY-ST-ZIP | HOUSTON TX 77084 | 2.4 CITY-ST-ZIP | Houston, TX 77041 |
| TITLE | VD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIGURA, MARVIN J | 3.2 NAME | |
| STREET ADDRESS | 18001 PARK TEN PLACE, STE. 600 | 3.3 STREET ADDRESS | 11911 FM 529 |
| CITY-ST-ZIP | HOUSTON TX | 3.4 CITY-ST-ZIP | Houston, TX 77041 |
| TITLE | VSD | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAUBENREICH, GEORGE R JR | 4.2 NAME | |
| STREET ADDRESS | 18001 PARK TEN PLACE, STE. 600 | 4.3 STREET ADDRESS | 11911 FM 529 |
| CITY-ST-ZIP | HOUSTON TX 77084 | 4.4 CITY-ST-ZIP | Houston, TX 77041 |
| TITLE | AS | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAYNES, SHEILA | 5.2 NAME | |
| STREET ADDRESS | 18001 PARK TEN PLACE, STE. 600 | 5.3 STREET ADDRESS | 11911 FM 529 |
| CITY-ST-ZIP | HOUSTON TX | 5.4 CITY-ST-ZIP | Houston, TX 77041 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE:  Robert P. Mingoia 03/27/98 (713) 329-4500

CR2E034 (10/97)