

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90057 039 ***150.00

DOCUMENT # P33817

1. Corporation Name

OCEANEERING TECHNOLOGIES, INC.

Principal Place of Business

501 PRINCE GEORGE BLVD.
UPPER MARLBORO MD 20772-7415
US

Mailing Address

11911 FM 529
STE. 600
HOUSTON TX 77041
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1991

4. FEI Number

25-1212081

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 11911 FM 529
Suite, Apt. #, etc.

27 c/o Tax Department

City & State

28 Houston, Texas

Zip

Country

29 77041

30 U.S.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MULLEN, CRAIG T.
STREET ADDRESS 16001 PARK TEN PLACE, STE. 600
CITY-ST-ZIP HOUSTON TX 77084 ☒ DELETE

TITLE T
NAME MINGOIA, ROBERT P.
STREET ADDRESS 11911 FM 529
CITY-ST-ZIP HOUSTON TX 77041 ☐ DELETE

TITLE VD
NAME MIGURA, MARVIN J
STREET ADDRESS 11911 FM 529
CITY-ST-ZIP HOUSTON TX 77041 ☐ DELETE

TITLE VSD
NAME HAUBENREICH, GEORGE R JR
STREET ADDRESS 11911 FM 529
CITY-ST-ZIP HOUSTON TX 77041 ☐ DELETE

TITLE AS
NAME JAYNES, SHEILA
STREET ADDRESS 11911 FM 529
CITY-ST-ZIP HOUSTON TX 77041 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Robert P. Mingoia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert P. Mingoia

04/25/99

Date

(713) 329-4500

Daytime Phone #

CR2E034 (11/98)