

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90339 037 ***150.00

05/0006

DOCUMENT # P33817

1. Entity Name

OCEANEERING TECHNOLOGIES, INC.

Principal Place of Business

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

Mailing Address

**11911 FM 529
 C/O TAX DEPT
 HOUSTON TX 77041
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1212081**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	MINGOIA, ROBERT P.	
STREET ADDRESS	11911 FM 529	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIGURA, MARVIN J	
STREET ADDRESS	11911 FM 529	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HAUBENREICH, GEORGE R JR	
STREET ADDRESS	11911 FM 529	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	JAYNES, SHEILA	
STREET ADDRESS	11911 FM 529	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS	
STREET ADDRESS	DAVISON, KATHY	
CITY-ST-ZIP	11911 FM 529	
	HOUSTON, TX 77041	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KREIDER, JUAN R.	
STREET ADDRESS	501 PRINCE GEORGE'S BLVD	
CITY-ST-ZIP	UPPER MARLBORO, MD 20774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT P. MINGOIA

Date

(713) 329-4694

Daytime Phone #

CR2E034 (10/00)