2005 FOR PROFIT CORPORATION

FILED Aug 22, 2005 08:00 AM

8-16-05

(1/3)329-US, 84 Daytime Phone #

ROBET P. MWEOLA

	MITITORE	AKEI OIKI		_	1145 22, 2000 00.001
DOCUMENT # P33817 1. Entity Name OCEANEERING TECHNOLOGIES, INC.					Secretary of State
501 PRINCE GEORGE BLVD. UPPER MARLBORO, MD 20772-7415 US		Mailing Address 11911 FM 529 C/O TAX DEPT HOUSTON, TX 77041 US			
	The second secon	The second secon	A CONTRACTOR OF THE PARTY OF TH	06282005	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 25-121	ar Applied For 2081 Not Applicable
The state of the s				5. Certificate	of Status Desired S8.75 Additional Fee Required
6, Name and Address of Current Registered Agent					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campa Trust Fund Cor				.00 May Be led to Fees	In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND I	DIRECTORS	I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINGOIA, ROBERT P. 11911 FM 529 HOUSTON, TX 77041	-			U00000376920
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VD MIGURA, MARVIN J 11911 FM 529 HOUSTON, TX 77041				_08/22/05-80008-004 300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAUBENREICH, GEORGE R JR 11911 FM 529 HOUSTON, TX 77041			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVISON, KATY 11911 FM 529 HOUSTON, TX 77041			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KREIDER, JOHN R 501 PRINCE GEORGE'S BLVD UPPER MARLBORO, MD 20774				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged,	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, w	his filing does not qualify for the ex rue and accurate and that my sign vered to execute this report as req ith all other like empowered	emption stated in So ature shall have the Ulred by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

Chment with an address, with all other into the Robert P. Mw. Robert P. Mw. Signature and types on Printed NAME OF SIGNING OFFICER OR DIRECTOR TREADURED.

SIGNATURE: _