

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**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**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

1100000414264

02/11/06-80031-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	MINGOIA, ROBERT P.
STREET ADDRESS	11911 FM 529
CITY-ST-ZIP	HOUSTON, TX 77041
TITLE	VD
NAME	MIGURA, MARVIN J
STREET ADDRESS	11911 FM 529
CITY-ST-ZIP	HOUSTON, TX 77041
TITLE	VSD
NAME	HAUBENREICH, GEORGE R JR
STREET ADDRESS	11911 FM 529
CITY-ST-ZIP	HOUSTON, TX 77041
TITLE	AS
NAME	DAVISON, KATY
STREET ADDRESS	11911 FM 529
CITY-ST-ZIP	HOUSTON, TX 77041
TITLE	V
NAME	KREIDER, JOHN R
STREET ADDRESS	501 PRINCE GEORGE'S BLVD
CITY-ST-ZIP	UPPER MARLBORO, MD 20774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

1-24-06  
Date

713-329-4684  
Daytime Phone #