

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37943 (8)
1. Corporation Name
WEATHERFORD U.S., INC.

Principal Place of Business
1360 POST OAK BLVD.
SUITE 1000
HOUSTON TX 77056

Mailing Address
PO BOX 27808
HOUSTON TX 77277-7808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 76-0356042	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BURQUIERES, PHILIP	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NOLEN, NORMAN W.I.P	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V/S	<input type="checkbox"/> DELETE
NAME	THOMAS, SUZANNE H.	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EAGLES, MARION E..	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALKER, WELDON	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURKE, JAMES R	
STREET ADDRESS	1360 POST OAK BLVD STE 1000	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bates, Thomas R., Jr.
1.3 STREET ADDRESS	1360 Post Oak Blvd., Suite 1000
1.4 CITY-ST-ZIP	Houston, TX 77056
2.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stilley, Randall D.
4.3 STREET ADDRESS	1360 Post Oak Blvd., Suite 1000
4.4 CITY-ST-ZIP	Houston, TX 77056
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Weldon W. Walker* Weldon W. Walker

4/21/98

713/439-9488

CR2E034 (10/97)

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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/04/1992	
4. FEI Number 76-0356042		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		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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.

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DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURQUIERES, PHILIP			1.2 NAME	Bates, Thomas R., Jr.		
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000			1.3 STREET ADDRESS	1360 Post Oak Blvd., Suite 1000		
CITY-ST-ZIP	HOUSTON TX			1.4 CITY-ST-ZIP	Houston, TX 77056		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOLEN, NORMAN W.I.P			2.2 NAME			
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			2.4 CITY-ST-ZIP			
TITLE	V/S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, SUZANNE H.			3.2 NAME			
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77056			3.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EAGLES, MARION E..			4.2 NAME	Stilley, Randall D.		
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000			4.3 STREET ADDRESS	1360 Post Oak Blvd., Suite 1000		
CITY-ST-ZIP	HOUSTON TX			4.4 CITY-ST-ZIP	Houston, TX 77056		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, WELDON			5.2 NAME			
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77056			5.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE, JAMES R			6.2 NAME			
STREET ADDRESS	1360 POST OAK BLVD STE 1000			6.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			6.4 CITY-ST-ZIP			

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