

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**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90089 020 \*\*\*150.00

**DOCUMENT # P37943**

1. Corporation Name  
**WEATHERFORD U.S., INC.**

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

Mailing Address  
**PO BOX 27608  
HOUSTON TX 77277-7608**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/04/1992**

4. FEI Number  
**76-0356042**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
**21 5 Post Oak Park**  
Suite, Apt. #, etc.

2a. Mailing Address  
**26 P. O. Box 27608**  
Suite, Apt. #, etc.

**22 Suite 1760**  
City & State

**27**  
City & State  
**28 Houston, TX**

**23 Houston, TX**

**28 Houston, TX**

Zip Country  
**24 77027** **25**

Zip Country  
**29 77227-7608** **30**

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.

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	<input checked="" type="checkbox"/> DELETE
NAME	BATES, T	
STREET ADDRESS	1360 POST OAK BLVD, STE 1000	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	NOLEN, NORMAN W. IP	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V/S	<input checked="" 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	STILLEY, R D	
STREET ADDRESS	1360 POST OAK BLVD, STE 1000	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, WELDON	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VD	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Randall D. Stilley	
1.3 STREET ADDRESS	5 Post Oak Park, Suite 1760	
1.4 CITY-ST-ZIP	Houston, TX 77027	
2.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James G. Kiley	
2.3 STREET ADDRESS	5 Post Oak Park, Suite 1760	
2.4 CITY-ST-ZIP	Houston, TX 77027	
3.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Curtis W. Huff	
3.3 STREET ADDRESS	5 Post Oak Park, Suite 1760	
3.4 CITY-ST-ZIP	Houston, TX 77027	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jon R. Nicholson	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)