

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005508

**FILED**  
**Feb 25, 2023**  
**Secretary of State**  
**4622743693CC**

**Entity Name:** FMC TECHNOLOGIES SURFACE INTEGRATED SERVICES, INC.

**Current Principal Place of Business:**

ONE SUBSEA LANE  
HOUSTON, TX 77044

**Current Mailing Address:**

ONE SUBSEA LANE  
HOUSTON, TX 77044 US

**FEI Number: 27-0101970**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SEELIG, STEVEN WAYNE  
Address        ONE SUBSEA LANE  
City-State-Zip: HOUSTON TX 77044

Title           DIRECTOR, VP, CONTROLLER  
Name           TOLER, ASHLEY  
Address        ONE SUBSEA LANE  
City-State-Zip: HOUSTON TX 77044

Title           PRESIDENT  
Name           SCHILLING, LAURA  
Address        ONE SUBSEA LANE  
City-State-Zip: HOUSTON TX 77044

Title           DIRECTOR  
Name           VERKIN, STEVAN  
Address        ONE SUBSEA LANE  
City-State-Zip: HOUSTON TX 77044

Title           SECRETARY  
Name           GEHLHAUSEN, J. KATHLEEN  
Address        ONE SUBSEA LANE  
City-State-Zip: HOUSTON TX 77044

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GEHLHAUSEN , J. KATHLEEN**

**SECRETARY**

**02/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date