

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 9/01, 2011, and ending 8/31, 2012

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C API ACADIANA CHAPTER, INC. P. O. BOX 51997 LAFAYETTE, LA 70505	D Employer identification number 72-0956863
		E Telephone number 337-984-8345
		F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

I Website: WWW.APIACADIANA.COM

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ◀(insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 192,205.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	81,518.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	3,433.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	57,008.
6b	b Gross income from fundraising events (not including \$ <u>72,481.</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	50,246.
6c	c Less: direct expenses from gaming and fundraising events	6c	113,042.
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-5,788.
7a	7a Gross sales of inventory, less returns and allowances	7a	
7b	b Less: cost of goods sold	7b	
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,163.
10	Grants and similar amounts paid (list in Schedule O)	10	56,500.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,500.
14	Occupancy, rent, utilities, and maintenance	14	96.
15	Printing, publications, postage, and shipping	15	968.
16	Other expenses (describe in Schedule O)	16	5,832.
17	Total expenses. Add lines 10 through 16	17	64,896.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,267.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	44,779.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	59,046.

SCANNED APR 03 2013

RECEIVED
MAR 25 2013
RS-SOSO

SEE SCHEDULE O

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2011)

P 02

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	44,779.	22	59,606.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O		24	1,000.
25 Total assets	44,779.	25	60,606.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	26	1,560.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,779.	27	59,046.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	
29 GENERAL MEMBERSHIP MEETINGS WITH GUEST SPEAKERS; 5 MEETINGS HELD WITH 75 ATTENDEES AT EACH (ESTIMATED)			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	
30			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED SCHEDULE	VARIOUS			
SEE ATTACHED SCHEDULE	1	0.	0.	0.
SEE ATTACHED SCHEDULE, LA 70508				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) SEE SCHEDULE O	X	
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **PAUL ARCENEUX (SHORELINE)** Telephone no. **(337) 889-5686**
 Located at **400 E. KALISTE SALOOM ROAD, SUITE 2600 LAFAYETTE LA** ZIP + 4 **70508**

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country.		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If 'Yes,' was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e Total number of other employees paid over \$100,000

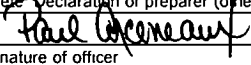
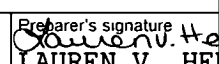
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) charitable trusts must attach a completed Schedule A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information provided to the preparer.

Sign Here	 Signature of officer
	PAUL ARCENEAUX Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name LAUREN V. HEBERT, CPA
	Preparer's signature  LAUREN V. HEBERT
	Firm's name ▶ DARNALL, SIKES, GARDES & FREEDMAN Firm's address ▶ 1201 BRASHEAR AVE., STE. 301 MORGAN CITY, LA 70380-2109

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

API ACADIANA CHAPTER, INC.

Employer identification number

72-0956863

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	TEAM ROPING (event type)	SPORTING CLAYS (event type)	(total number)	(add column (a) through column (c))	
1	Gross receipts	85,452.	37,275.	122,727.	
2	Less: Charitable contributions	40,784.	31,697.	72,481.	
3	Gross income (line 1 minus line 2)	44,668.	5,578.	50,246.	
DIRECT EXPENSES	4	Cash prizes	25,285.	25,285.	
	5	Noncash prizes	28,242.	13,294.	41,536.
	6	Rent/facility costs	1,500.		1,500.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,668.	9,836.	17,504.
	10	Direct expense summary Add lines 4 through 9 in column (d)			85,825.
11	Net income summary Combine line 3, column (d), and line 10			-35,579.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue		57,008.	57,008.
DIRECT EXPENSES	2	Cash prizes	10,000.	10,000.
	3	Non-cash prizes	4,356.	4,356.
	4	Rent/facility costs	11,140.	11,140.
	5	Other direct expenses	1,721.	1,721.
	6	Volunteer labor	<input type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			27,217.
8	Net gaming income summary Combine lines 1, column (d) and line 7			29,791.

9 Enter the state(s) in which the organization operates gaming activities LA

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain SEE PART IV

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	100.0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ CHUCK RUTLAND

Address ▶ P.O. BOX 52745, LAFAYETTE, 70505-2745

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If 'Yes,' enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ CHUCK RUTLAND

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ ORGANIZATION OF THE EVENT

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 29,791.

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PART III, LINE 9B - EXPLANATION FOR OPERATING GAMING ACTIVITIES WITHOUT A LICENSE

THE STATE DID NOT REQUIRE A LICENSE BUT DID REQUIRE AN APPLICATION TO BE FILED FOR LICENSE EXEMPTION TO CONDUCT CHARITABLE GAMING. THE ORGANIZATION PREPARED AND FILED THE LICENSE EXEMPTION APPLICATION, AND THE EXEMPTION WAS APPROVED.

**PART III, LINE 17B
DISTRIBUTIONS REQUIRED UNDER STATE LAW**

LOUISIANA

	\$	29,791.
TOTAL	\$	<u>29,791.</u>

Supplemental Information to Form 990 or 990-EZ

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

API ACADIANA CHAPTER, INC.

Employer identification number

72-0956863

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF THE ORGANIZATION IS TO PROVIDE CONTINUING EDUCATION TO THOSE
EMPLOYED IN THE OIL AND GAS INDUSTRY AND THOSE WHO PROVIDE SERVICES TO THE
INDUSTRY, AND TO FOSTER A HEALTHY COMMUNITY ATTITUDE TOWARD THE INDUSTRY.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SCHOLARSHIPS PROVIDED DIRECTLY TO STUDENTS (36); SCHOLARSHIPS PROVIDED TO STUDENTS
THROUGH THE LOCAL UNIVERSITY (5); GRANTS GIVEN TO EDUCATION RELATED INSTITUTIONS
(3); GRANTS TO OTHER SOCIAL SERVICE ORGANIZATIONS (1).

FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZING OR GOVERNING DOCUMENTS

THE ORGANIZATION UNDERWENT A NAME CHANGE FROM API TECHE CHAPTER, INC. TO API ACADIAN
CHAPTER, INC. TO API ACADIANA CHAPTER, INC. A CONFORMED COPY OF THE AMENDED
DOCUMENTS AS WELL AS THE CERTIFICATION FROM THE STATE ARE ATTACHED TO THIS RETURN.

API ACADIANA CHAPTER, INC.

72-0956863

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

BANK CHARGES	\$	1,027.
CONFERENCES, CONVENTIONS, AND MEETINGS		4,425.
OFFICE EXPENSES		380.
TOTAL	\$	<u>5,832.</u>

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
BIG BUCKS 2013 DEPOSIT	\$ 0.	\$ 1,000.
TOTAL	<u>\$ 0.</u>	<u>\$ 1,000.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 1,560.
TOTAL	<u>\$ 0.</u>	<u>\$ 1,560.</u>

ACADIANA CHAPTER API
2011-2012 BOARD Officers

CHAIRMAN	Kenny Inzerella Weatherford 202 Rue Iberville, Suite 310 Lafayette, LA 70508	337-291-2485 (Fax) 291-9893 e-mail: Kenny.inzerella@weatherford.com
FUNDING DIRECTOR	Chuck Rutland Badger Oil Corporation 3861 Amb Caffery, Suite 400 Lafayette, LA 70503	337-735-3331 (Fax) 233-5785 e-mail: c.rutland@badgeroil.com
MEMBERSHIP DIRECTOR	John Foreman PetroQuest Energy, Inc. P.O. Box 51205 Lafayette, LA 70505	337-232-7028 (Fax) 232-0044 e-mail: jforeman@petroquest.com
PUBLICITY DIRECTOR	Steve Roussel Offshore Energy Services P.O. Box 53508 Lafayette, LA 70505	337-233-3442 Sec. – Jean Noel 337-839-4262 e-mail: sroussel@offshorees.com
TREASURER	Paul Arceneaux Shoreline Energy 400 E. Kaliste Saloom, Suite 2600 Lafayette, LA 70508	337-889-5686 (Fax) email: paul.arceneaux@shorelineenergy.net
SCHOLARSHIP DIRECTOR	John Pantaleo Stone Energy Corporation 625 E. Kaliste Saloom Rd. Lafayette, LA 70508	337-237-0410 (Fax) 237-0426 email: PantaleoJR@StoneEnergy.com
SECRETARY	Mary Dupuis Halliburton 110 Capital Drive Lafayette, LA 70508	337-266-8225 (Fax) 232-4792 e-mail: mary.dupuis@halliburton.com
WEBSITE ADVISOR	John Cunniff Premience, Inc. Lafayette, LA 70506	337-296-0952 (Fax) e-mail: jcunniff@lusfiber.net or John.P.Cunniff@premience.com
PROGRAM	Shelby White Completion Specialist Mark Poche Superior Energy Services Steve Roussel Offshore Energy Services John Sherer Apache John Foreman Petroquest Energy	337-769-0458 shelby@completionspecialist.com 337-714-4545 Mark.poche@superiorenergy.com 337-233-3442 sroussel@offshorees.com 337-354-8104 John.sherer@apachecorp.com 337-232-7028 jforeman@petroquest.com

API Acadiana Chapter
Board Members
2011 - 2012

<p>Kirby Arceneaux Environmental Drilling Solutions 201 Energy Parkway, Suite 400 Lafayette, LA 70508 337-261-3305 Cell 337-288-8294 Fax 261-3306 Email: karceneaux@environmentalds.com</p>	<p>Paul Arceneaux Shoreline Energy 400 E. Kaliste Saloom Road, Suite 2600 Lafayette, LA 70508 337-889-5686 Cell 322-8300 email: Paul.Arceneaux@Shorelineenergy.net</p>
<p>David McDougald Chevron P.O. Box 69100 Lafayette, LA 70596-9100 337-989-3197 Fax 989-3136 email: DavidMcDougald@chevron.com</p>	<p>Colby Colomb Baker Hughes Inteq 1058 Bakerhughes Dr. Broussard, LA 70518 337-856-7201 Fax 856-3213 email: Colby.colomb@bakerhughes.com</p>
<p>John Cunniff Premience, Inc. 337-296-0952 email: John.cunniff@premience.com</p>	<p>John Foreman Petroquest Energy, Inc. P. O. Box 51205 Lafayette, LA 70505-1205 337-232-7028 Fax 232-0044 email: jforeman@petroquest.com</p>
<p>Mike Nicar United Vision Logistics 200 Corporate Blvd, Suite 104 Lafayette, LA 70508 337-291-6734 email: mike.nicar@uvlogistics.com</p>	<p>Kenny Inzerella Weatherford 202 Rue Iberville, Suite 310 Lafayette, La 70508 337-291-2485 Cell 277-0611 Fax 291-9893 email: Kenny.inzerella@weatherford.com</p>
	<p>John Pantaleo Stone Energy Corporation P.O. Box 52807 Lafayette, LA 70505-2807 337-237-0410 Fax 233-2276 email: PantaleoJR@StoneEnergy.com <i>Cheri Bienvenue 337-521-0237</i></p>
<p>Mark Poche Superior Energy Services 5801 US 90E Broussard, LA 70518 337-714-4545 Cell 278-6644 Fax 714-0015 email: mark_poche@superiorenergy.com</p>	<p>Steve Roussel Offshore Energy Services P. O. Box 53508 Lafayette, LA 70505-3508 337-233-3442 Fax 837-3627 email: sroussel@offshorees.com <i>Jean Noel: 337-839-4262</i></p>
<p>Chuck Rutland Badger Oil Corporation P. O. Box 52745 Lafayette, LA 70505-2745 337-233-9200 Cell 230-6911 Fax 233-5785 email: c.rutland@badgeroil.com</p>	<p>John Sherer Apache 2014 West Pinhook Road, Suite 800 Lafayette, LA 70508 337-354-8104 email: john.sherer@apachecorp.com</p>
<p>Charlie Trahan BHI / BJ Cementing 400 East Kaliste Saloom Rd.; Suite 2300 ; Lafayette, LA, 70508 P. O. Box 52464 Lafayette, LA 70505 337-237-4406 ext. 237 Fax 237-4476 email: charles.trahan@bakerhughes.com</p>	<p>Shelby White Completion Specialists 400 East Kaliste Saloom, Suite 4100 Lafayette, LA 70508 337-769-0458 Fax 769-1056 email: Shelby@completionsspecialists.com</p>
<p>Mark Barton Brammer Engineering 113 Heyman Blvd., Bldg 7 Lafayette, LA 70503 (337) 232-2215 FAX 593-9560 Email: mark_barton@brammer.com</p>	
<p>Dr. Fathi Boukadi (ULL Ex-Officio) ULL-Petroleum Engineering Dept. P. O. Box 44408 Lafayette, LA 70504-4690 337-482-5748 Fax 482-6848 email: fxb1275@louisiana.edu</p>	<p>Mary Dupuis (Secretary) Halliburton 110 Capital Drive, Suite 200 Lafayette, LA 70508 337-266-8225 Fax 232-4792 email: mary.dupuis@halliburton.com</p>

**AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
API ACADIAN CHAPTER**

The undersigned, acting pursuant to the Corporation Law of Louisiana, hereby amends the name of the corporation in Article I from API Teche Chapter to API Acadiana Chapter. The board of directors of the corporation unanimously voted to amend Article I as follows:

Article I

The name of the corporation is API ACADIANA CHAPTER.

The amendment has been adopted by unanimous consent of the board of directors at a meeting held on the 25th of JUNE, 2012.

THUS DONE AND PASSED on the 10th of Aug, 2012, signed in
la Fayette Parish, State of Louisiana, before the undersigned Notary Public.

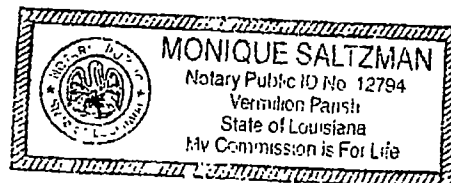
Kenneth J. Zerella
Signature of Office

Chairman
Title

Monique Saltzman
Notary Public

Printed Name: MONIQUE SALTZMAN

Bar Roll/Notary No.: 12794



Tom Schedler
SECRETARY OF STATE

State of Louisiana
Secretary of State



COMMERCIAL DIVISION
225.925.4704

10/23/2012

Administrative Services
225.932.5317 Fax
Corporations
225.932.5314 Fax
Uniform Commercial Code
225.932.5318 Fax

WEATHERFORD
202 RUE IBERVILLE,
STE 310
LAFAYETTE, LA 70508

DEAR SIR/MADAM:

API ACADIANA CHAPTER, INC.

It has been a pleasure to approve and place on file your amendment. The appropriate evidence is attached for your files.

Payment of the filing fee is acknowledged by this letter.

Online filing options are available if changes are necessary to your registration or you need to file an annual report. Please visit our website at GeauxBiz.com for your future business needs.

Sincerely,

JG



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

a copy of an Amendment to the Articles of Incorporation of

API TECHE CHAPTER, INC.

Domiciled at LAFAYETTE, LOUISIANA, changing the corporate name to

API ACADIAN CHAPTER, INC.

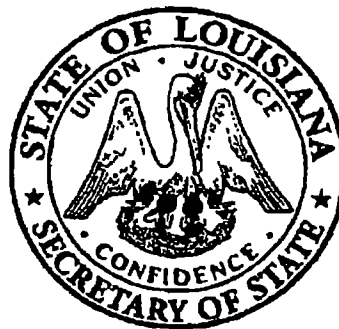
Was filed and recorded in this Office on October 8, 2012.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 8, 2012

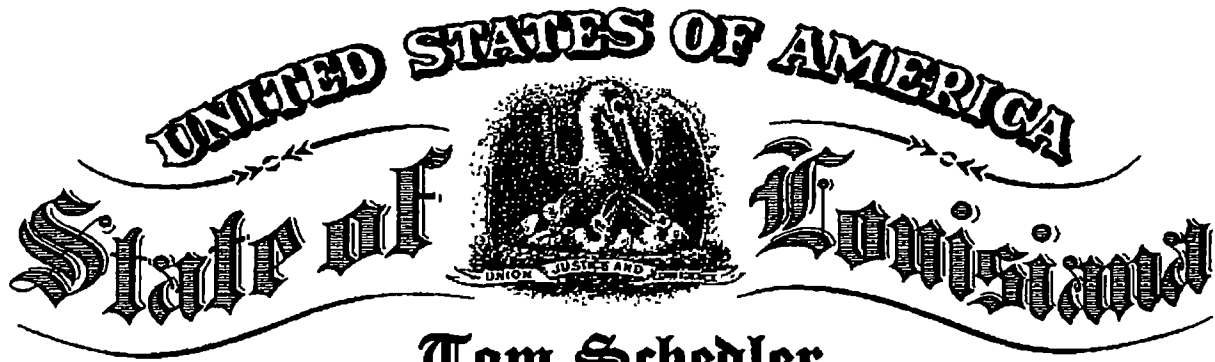
Secretary of State

BB 05205800N



Certificate ID: 10313834#7DF52

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

a copy of an Amendment to the Articles of Incorporation of

API ACADIAN CHAPTER, INC.

Domiciled at LAFAYETTE, LOUISIANA, changing the corporate name to

API ACADIANA CHAPTER, INC.

Was filed and recorded in this Office on October 22, 2012.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 23, 2012

Secretary of State

JG 05205800N



Certificate ID: 10318304#WMJ62

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov