


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000001555	
1. Entity Name MARSH RESOURCES, INC.	

Principal Place of Business 2800 POST OAK BLVD. HOUSTON, TX 77056	Mailing Address 2800 POST OAK BLVD. HOUSTON, TX 77056
---	---



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0534481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODEKOH, RICHARD D 2800 POST OAK BLVD. HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V FERAZZI, FRANK J 2800 POST OAK BLVD. HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIDGES, ALLISON G 2800 POST OAK BLVD. HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRIGHT, PHILLIP D ONE WILLIAMS CTR TULSA, OK 74172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV CONKLIN, RANDALL R 2800 POST OAK BLVD. HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHORE, BRIAN K ONE WILLIAMS CENTER TULSA, OK 74172

U000000323478
 05/21/08-80069-020 150.00

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: *Brian K Shore* 4/23/8 918-573-4221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #