

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002142

FILED
Apr 24, 2009
Secretary of State

Entity Name: WILLIAMS INDUSTRIAL SERVICES, LLC

Current Principal Place of Business:

2076 WEST PARK PLACE
STONE MOUNTAIN, GA 30087

New Principal Place of Business:

100 CRESCENT CENTRE PARKWAY
SUITE 1240
TUCKER, GA 30084

Current Mailing Address:

2076 WEST PARK PLACE
STONE MOUNTAIN, GA 30087

New Mailing Address:

100 CRESCENT CENTRE PARKWAY
SUITE 1240
TUCKER, GA 30084

FEI Number: 20-0910406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DANIELS, LUTHER C
Address: 2076 WEST PARK PLACE
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MATHESON, JOHN M
Address: 6120 S. YALE, SUITE 1480
City-St-Zip: TULSA, OK 74136

Title: MGR () Change (X) Addition
Name: ROBUCK, KENNETH W
Address: 100 CRESCENT CENTRE PARKWAY, SUITE 1240
City-St-Zip: TUCKER, GA 30084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KENNETH W. ROBUCK

MGR

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date