

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J15679

Entity Name: COMPLETION SERVICES, INC.

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 2300
JACKSONVILLE, FL 32202

Current Mailing Address:

221 NORTH HOGAN STREET
#234
JACKSONVILLE, FL 32202 US

FEI Number: 59-2874210

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICANDRI, PETER
14 EAST BAY ST
JACKSONVILLE, FL 32202 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 PRESIDENT
Name RICE, LARRY
Address 419 JESSEN LANE, SUITE B
City-State-Zip: CHARLESTON SC 29492

Title TREASURER
Name SUSZYNSKI, JEFF
Address 11900 WASHINGTON STREET
City-State-Zip: CHAGRIN FALLS OH 44023

Title DIRECTOR
Name FLOYD, BARRY
Address ONE INDEPENDENT DRIVE
 SUITE 2300
City-State-Zip: JACKSONVILLE FL 32202

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: BARRY A FLOYD

CFO

01/27/2014

Electronic Signature of Signing Officer/Director Detail

Date