

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J15679

Entity Name: COMPLETION SERVICES, INC.

Current Principal Place of Business:

5210 BELFORT ROAD
SUITE 310
JACKSONVILLE, FL 32256

Current Mailing Address:

5210 BELFORT RD
SUITE 310
JACKSONVILLE, FL 32256 US

FEI Number: 59-2874210

Certificate of Status Desired: Yes

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 TREASURER/CHAIRMAN
Name GRAHAM, JUSTIN
Address 925 BOTTLE HILL RD.
City-State-Zip: WOODLAND WA 98674

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

Title CFO
Name FLOYD, BARRY
Address 5210 BELFORT ROAD
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

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 FLOYD

CFO

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date