

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001837

Entity Name: WILLBROS DOWNSTREAM, LLC**Current Principal Place of Business:**1900 N. 161ST E. AVE.
TULSA, OK 74116-4829**Current Mailing Address:**4400 POST OAK PARKWAY
STE 1000
HOUSTON, TX 77027**FEI Number:** 73-1450925**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Authorized Person(s) Detail :**

Title	MGR
Name	DOLAN, MARK E
Address	1900 N. 161ST EAST AVE
City-State-Zip:	TULSA OK 74116
Title	T
Name	RUSSLER, RICHARD W
Address	4400 POST OAK PARKWAY, STE 1000
City-State-Zip:	HOUSTON TX 77027
Title	SECRETARY
Name	PINDER, LORI
Address	4400 POST OAK PARKWAY STE 1000
City-State-Zip:	HOUSTON TX 77027
Title	MANAGER
Name	GIBSON, JAMES L
Address	4400 POST OAK PARKWAY STE 1000
City-State-Zip:	HOUSTON TX 77027

Title	MGR
Name	PINDER, LORI
Address	4400 POST OAK PARKWAY, STE 1000
City-State-Zip:	HOUSTON TX 77027
Title	PRESIDENT
Name	COLLINS, EARL R
Address	4400 POST OAK PARKWAY STE 1000
City-State-Zip:	HOUSTON TX 77027
Title	VP
Name	DOLAN, MARK E
Address	1900 N. 161ST E. AVE.
City-State-Zip:	TULSA OK 74116-4829
Title	MANAGER
Name	COLLINS, EARL R
Address	4400 POST OAK PARKWAY STE 1000
City-State-Zip:	HOUSTON TX 77027

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI PINDER**MANAGER****04/21/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date