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: ROBERT S. MCLEAN

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE:

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	DRAKE, CHRISTOPHER	Name	WALKER, KENNETH
Address	4410 GREENBRIAR DRIVE	Address	5605 CARNEGIE BLVD. SUITE 500
City-State-Zip:	STAFFORD TX 77477	City-State-Zip:	CHARLOTTE NC 28209
Title	MANAGER		
Title Name	MANAGER MCLEAN, ROBERT S.		
Name	MCLEAN, ROBERT S. 5605 CARNEGIE BLVD		

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 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.

Entity Name: COMPRESSOR PRODUCTS INTERNATIONAL LLC

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

4410 GREENBRIAR DRIVE STAFFORD. TX 77477

Current Mailing Address:

4410 GREENBRIAR DRIVE STAFFORD, TX 77477 US

FEI Number: 26-0040341

Electronic Signature of Registered Agent

FILED Apr 12, 2014 Secretary of State CC7300557103

Certificate of Status Desired: No

MANAGER

Date