

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000000844

**Entity Name:** BURROW GLOBAL SERVICES, LLC**Current Principal Place of Business:**6200 SAVOY  
HOUSTON, TX 77036**Current Mailing Address:**6200 SAVOY  
HOUSTON, TX 77036**FEI Number: 38-3829898****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CT 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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

|                 |                   |
|-----------------|-------------------|
| Title           | MGR               |
| Name            | BURROW GLOBAL LLC |
| Address         | 6200 SAVOY        |
| City-State-Zip: | HOUSTON TX 77036  |

|                 |                     |
|-----------------|---------------------|
| Title           | MGR                 |
| Name            | DENNIS M. KNOOP     |
| Address         | 6200 SAVOY, STE 800 |
| City-State-Zip: | HOUSTON TX 77036    |

|                 |                     |
|-----------------|---------------------|
| Title           | ENGINEER            |
| Name            | PAUL WHITE          |
| Address         | 6200 SAVOY, STE 800 |
| City-State-Zip: | HOUSTON TX 77036    |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP ENGINEERING        |
| Name            | SCHILLER, JEFF        |
| Address         | 6200 SAVOY, SUITE 800 |
| City-State-Zip: | HOUSTON TX 77036      |

|                 |                             |
|-----------------|-----------------------------|
| Title           | CHAIRMAN                    |
| Name            | BURROW, MICHAEL             |
| Address         | 350 PINE STREET, SUITE 1100 |
| City-State-Zip: | BEAUMONT TX 77701           |

|                 |                             |
|-----------------|-----------------------------|
| Title           | CFO                         |
| Name            | RAIFORD, BOB                |
| Address         | 350 PINE STREET, SUITE 1100 |
| City-State-Zip: | BEAUMONT TX 77701           |

*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: BRENDA JOKINEN****OFFICE MANAGER****01/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date