

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000002000

**Entity Name:** WILLIAMS WPC - I, LLC**Current Principal Place of Business:**ONE WILLIAM CENTER, STE 4700  
TULSA, OK 74172**Current Mailing Address:**ONE WILLIAM CENTER, STE 4700  
TULSA, OK 74172**FEI Number:** 73-1547570**Certificate of Status Desired:** No**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 MANAGER  
Name DUNN, MICHEAL  
Address ONE WILLIAM CENTER,  
City-State-Zip: TULSA OK 74172

Title MANAGER  
Name CHANDLER, JOHN  
Address ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

Title MANAGER  
Name POARCH, JOHN  
Address ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

Title MANAGER  
Name WILSON, T LANE  
Address ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

Title MANAGER  
Name ZAMARIN, CHAD  
Address ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

Title MANAGER  
Name BURGESS, PETER  
Address ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

Title MANAGER  
Name CLUFF, MARK  
Address ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

Title MANAGER  
Name DERIENZIS, JOSHUA  
Address ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

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*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: A. LOUIS TEUSCHER****VP TAX****01/25/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           EVANS, TYLER  
Address        ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

Title           MANAGER  
Name           RILEY, ROBERT  
Address        ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

Title           MANAGER  
Name           TEUSCHER, A. LOUIS  
Address        ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

Title           MANAGER  
Name           LAWRENCE, CHER  
Address        ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172

Title           MANAGER  
Name           ROBINSON, GEORDIE  
Address        ONE WILLIAM CENTER  
City-State-Zip: TULSA OK 74172