

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000003140

Entity Name: CB&I FEDERAL SERVICES, LLC

Current Principal Place of Business:

2370 TOWNE CENTER BLVD.
ATTN: MELISSA HARRELL
BATON ROUGE, LA 70806

FILED
Apr 24, 2014
Secretary of State
CC8688782478

Current Mailing Address:

2370 TOWNE CENTER BLVD.
ATTN: MELISSA HARRELL
BATON ROUGE, LA 70806 US

FEI Number: 41-2042864

Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CHANDLER, RICHARD E JR
Address ONE CB&I PLAZA
2103 RESEARCH FOREST BLVD.
City-State-Zip: THE WOODLANDS TX 77380

Title MGRM
Name RAY, EDGAR C
Address 4171 ESSEN LANE
City-State-Zip: BATON ROUGE LA 70809

Title MANAGER
Name RISHIKOF, HARVEY
Address 2370 TOWNE CENTER BLVD.
ATTN: MELISSA HARRELL
City-State-Zip: BATON ROUGE LA 70806

Title MANAGER
Name WAMP, ZACHARY
Address 2370 TOWNE CENTER BLVD.
ATTN: MELISSA HARRELL
City-State-Zip: BATON ROUGE LA 70806

Title MANAGER
Name MADIA, WILLIAM
Address 2370 TOWNE CENTER BLVD.
ATTN: MELISSA HARRELL
City-State-Zip: BATON ROUGE LA 70806

Title MANAGER
Name COCHRAN, STANLEY
Address 1725 DUKE STREET
SUITE 400
City-State-Zip: ALEXANDRIA VA 22314

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: STANLEY COCHRAN

MANAGER

04/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date