

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003140

**Entity Name:** CB&I FEDERAL SERVICES, LLC

**Current Principal Place of Business:**

1725 DUKE STREET, STE. 400  
ATTN: MELISSA HARRELL  
ALEXANDRIA, VA 22314

**FILED**  
**Apr 13, 2017**  
**Secretary of State**  
**CC0978584175**

**Current Mailing Address:**

4171 ESSEN LANE  
ATTN: MELISSA HARRELL  
BATON ROUGE, LA 70809 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 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 BOONE, DAVID  
Address 1725 DUKE STREET, STE. 400  
ATTN: MELISSA HARRELL  
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:** EDGAR C. RAY

**MANAGER**

**04/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date