

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000001050

**Entity Name:** CONTAINMENT SOLUTIONS SERVICES, INC.

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC3240620544**

**Current Principal Place of Business:**

333 N RIVERSHIRE DRIVE  
SUITE 190  
CONROE, TX 77304-2799

**Current Mailing Address:**

333 N RIVERSHIRE DRIVE  
SUITE 190  
CONROE, TX 77304-2799 US

**FEI Number: 76-0550912**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           BENNETT, ROBERT B.  
Address        550 WESTCOTT  
                  SUITE 450  
City-State-Zip: HOUSTON TX 77007

Title           SECRETARY, DIRECTOR  
Name           CAMPBELL, CATHY  
Address        550 WESTCOTT  
                  SUITE 450  
City-State-Zip: HOUSTON TX 77007

Title           VP, DIRECTOR  
Name           FINDLEY, R. CLAY  
Address        333 N RIVERSHIRE DRIVE  
                  SUITE 190  
City-State-Zip: CONROE TX 77304-2799

Title           VP, DIRECTOR  
Name           MAYNARD, TIMOTHY D  
Address        7134 S. YALE  
                  SUITE 560  
City-State-Zip: TULSA OK 74136

Title           ASSISTANT SECRETARY  
Name           SILVA, ADA  
Address        550 WESTCOTT  
                  SUITE 450  
City-State-Zip: HOUSTON TX 77007

Title           TREASURER/CFO  
Name           JACOBS, DAIMON  
Address        7134 S. YALE  
                  SUITE 560  
City-State-Zip: TULSA OK 74136

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ADA SILVA**

**ASSISTANT SECRETARY   04/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date