

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001050

Entity Name: CONTAINMENT SOLUTIONS SERVICES, INC.**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