

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90037 032 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # F00000001809					
1. Entity Name WILLBROS MT. WEST, INC.					
Principal Place of Business PO BOX 310 1115 16 ROAD FRUITA, CO 81521			Mailing Address PO BOX 310 1115 16 ROAD FRUITA, CO 81521		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 84-0893725				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDT	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, G. MACK		NAME	Andrew K. Hamaker	
STREET ADDRESS	1115 16 RD		STREET ADDRESS	1115 16 Road	
CITY-ST-ZIP	FRUITA, CO 81521		CITY-ST-ZIP	FRUITA, CO 81521	
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE	Vice President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSLIN, ROGER K		NAME	Pamela L. Reiland	
STREET ADDRESS	11425 SW STREAMSIDE CT.		STREET ADDRESS	4400 Post Oak Parkway Suite 1000	
CITY-ST-ZIP	PORTLAND, OR 97219		CITY-ST-ZIP	Houston, TX 77027	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, JAMES R		NAME		
STREET ADDRESS	5029 E 117TH ST		STREET ADDRESS		
CITY-ST-ZIP	TULSA, OK 74137		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPISHIRE, MARVIN G		NAME		
STREET ADDRESS	2818 1/2 HALL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GRAND JUNCTION, CO 81501		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMKIN, CURTIS E		NAME		
STREET ADDRESS	11748 S ALLEGHENY AVE		STREET ADDRESS		
CITY-ST-ZIP	TULSA, OK 74137		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMMEL, JACK D		NAME	J. Michael Wightman	
STREET ADDRESS	348 CANYON RIM COURT		STREET ADDRESS	1560 River Road	
CITY-ST-ZIP	GRAND JUNCTION, CO 81503		CITY-ST-ZIP	FRUITA, CO 81521	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Andrew K. Hamaker			1-5-05 (970) 858-3900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		