


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90203 012 ***150.00

DOCUMENT # F00000001809	
1. Entity Name WILLBROS MT. WEST, INC.	

Principal Place of Business PO BOX 310 1115 16 ROAD FRUITA, CO 81521	Mailing Address 4400 POST OAK PKWY SUITE 1000 HOUSTON, TX 77027
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40070815



2. Principal Place of Business - No P.O. Box # 4400 Post Oak Pkwy	3. Mailing Address
Suite, Apt. #, etc. 1000	Suite, Apt. #, etc.

04032007 Chg-P CR2E034 (12/06)

City & State Houston TX	City & State
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4. FEI Number 84-0893725	Applied For <input type="checkbox"/> Not Applicable
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Zip 77027	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMAKER, ANDREW K 1115 16 RD FRUITA, CO 81521 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUTTON, TARRY R 1115 16 ROAD FRUITA, CO 81521 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT REILAND, PAMELA L 4400 POST OAK PARKWAY SUITE 1000 HOUSTON, TX 77024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMPISHIRE, MARVIN G 1115 16 ROAD FRUITA, CO 81521 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXANDER, KATHY E 2087 EAST 71ST STREET TULSA, OK 74136 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WIGHTMAN, J MICHAEL 1115 16 ROAD FRUITA, CO 81521 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Buls, Ronald L. 1115 16 Rd Fruita, Co 81521 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-President Mayer, Gray S. 4400 Post Oak Pkwy, Ste 1000 Houston, TX 77027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Pardue, William L. 4400 Post Oak Pkwy, Ste 1000 Houston, TX 77027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Alexander, Kathy E. 4400 Post Oak Pkwy, Ste 1000 Houston, TX 77027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kathy E. Alexander **Kathy E. Alexander** 4-10-07 713-403-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #