

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000001555

1. Entity Name
MARSH RESOURCES, INC.



Principal Place of Business
**2800 POST OAK BLVD.
HOUSTON, TX 77056**

Mailing Address
**2800 POST OAK BLVD.
HOUSTON, TX 77056**



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0534481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	RODEKOH, RICHARD D
STREET ADDRESS	2800 POST OAK BLVD.
CITY-ST-ZIP	HOUSTON, TX 77056

TITLE	D, V
NAME	FERAZZI, FRANK J
STREET ADDRESS	2800 POST OAK BLVD.
CITY-ST-ZIP	HOUSTON, TX 77056

TITLE	V
NAME	BRIDGES, ALLISON G
STREET ADDRESS	2800 POST OAK BLVD.
CITY-ST-ZIP	HOUSTON, TX 77056

TITLE	DV
NAME	WRIGHT, PHILLIP D
STREET ADDRESS	ONE WILLIAMS CTR
CITY-ST-ZIP	TULSA, OK 74172

TITLE	SV
NAME	CONKLIN, RANDALL R
STREET ADDRESS	2800 POST OAK BLVD.
CITY-ST-ZIP	HOUSTON, TX 77056

TITLE	S
NAME	SHORE, BRIAN K
STREET ADDRESS	ONE WILLIAMS CENTER
CITY-ST-ZIP	TULSA, OK 74172

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05/21/08-80069-020 150.00

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IN THIS SPACE**

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: Brian K Shore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/8 918-573-4221
Date Daytime Phone #