

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90119 049 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                     |                                                                                                                                      |                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F02000005635</b><br>1. Entity Name<br><b>WOOD GROUP GENERATOR SERVICES, INC.</b><br>N/C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                     |                                                                                                                                      |                                                                                                                                                  |  |
| Principal Place of Business<br><b>1113 CAMINA ENTRADA</b><br><b>FARMINGTON, NM 87401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                                                                                     | Mailing Address<br><b>1113 CAMINA ENTRADA</b><br><b>FARMINGTON, NM 87401</b>                                                         |                                                                                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      | 3. Mailing Address                                                                  |                                                                                                                                      |                                                                                                                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | Suite, Apt. #, etc.                                                                 |                                                                                                                                      |                                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | City & State                                                                        |                                                                                                                                      |                                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | Country                                                                             |                                                                                                                                      | Zip                                                                                                                                              |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      | Country                                                                             |                                                                                                                                      | Country                                                                                                                                          |  |
| 4. FEI Number<br><b>47-0881653</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                     |                                                                                                                                      | Applied For<br>Not Applicable                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                     |                                                                                                                                      | \$8.75 Additional<br>Fee Required                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY</b><br><b>1201 HAYS STREET</b><br><b>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                     |                                                                                                                                      |                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                      | \$5.00 May Be<br>Added to Fees                                                                                                                   |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                     |                                                                                                                                      |                                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CP<br>WATSON, PETE<br>150 PALMER ROAD, NE<br>CALGARY, ALBERTA T2E7R3. <input type="checkbox"/> Delete                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | CFO<br>Cathleen Hamm<br>1113 Camina Entrada<br>Farmington, NM 87401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TAS<br>HIRST, DAVID<br>68 PROSPECT RD<br>EAST WINDSOR, CT 06088 <input type="checkbox"/> Delete                      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>MCINTYRE, MARTIN<br>17420 KATY FREEWAY, STE 300<br>HOUSTON, TX 77094 <input type="checkbox"/> Delete            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS<br>NATHAN, ARTHUR M<br>1000 LOUISIANA, STE 4300<br>HOUSTON, TX 77002 <input type="checkbox"/> Delete              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS<br>HASLER, DOROTHY<br>17420 KATY FREEWAY, STE 300<br>HOUSTON, TX 77094 <input checked="" type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | AS<br>DOUGLAS WILKINS<br>17420 KATY FREEWAY, STE 300<br>HOUSTON, TX 77094 <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS<br>MCDANIEL, BARRY<br>17420 KATY FREEWAY, STE 300<br>HOUSTON, TX 77094 <input type="checkbox"/> Delete            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(f), 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                     | Date: 7-20-04 Daytime Phone: 403-2196641                                                                                             |                                                                                                                                                  |  |