

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001740

FILED
Jan 14, 2009
Secretary of State

Entity Name: WOOD GROUP FIELD SERVICES, INC.

Current Principal Place of Business:

10455 SLUSHER DRIVE
BUILDING 12
SANTE FE SPRINGS, CA 90670

New Principal Place of Business:

Current Mailing Address:

10455 SLUSHER DRIVE
BUILDING 12
SANTE FE SPRINGS, CA 90670

New Mailing Address:

FEI Number: 30-0114270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BLASKOSKI, NICK
Address: 15600 JFK BOULEVARD, SUITE 500
City-St-Zip: HOUSTON, TX 77032

Title: P () Delete
Name: RUBY, ROB
Address: 10455 SLUSHER DRIVE, BUILDING 12
City-St-Zip: SANTE FE SPRINGS, CA 90670

Title: VP () Delete
Name: VERVILLE, KENT
Address: 2150 EAST 37TH STREET
City-St-Zip: VERNON, CA 90058

Title: T () Delete
Name: PATRICIA, LELITO
Address: 10455 SLUSHER DRIVE, BUILDING 12
City-St-Zip: SANTE FE SPRINGS, CA 90670

Title: S () Delete
Name: PATRICIA, LELITO
Address: 10455 SLUSHER DRIVE, BUILDING 12
City-St-Zip: SANTE FE SPRINGS, CA 90670

Title: AS () Delete
Name: SPROULE, LORRAINE
Address: JOHN WOOD HOUSE, GREENWELL ROAD
City-St-Zip: ABERDEEN, UK AB12 3AX UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DUBY, ROB
Address: 10455 SLUSHER DRIVE, BUILDING 12
City-St-Zip: SANTE FE SPRINGS, CA 90670

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LORRAINE SPROULE

AS

01/14/2009

Electronic Signature of Signing Officer or Director

Date