

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004967

FILED
Mar 22, 2008
Secretary of State

Entity Name: CATALYST SERVICES, INC.

Current Principal Place of Business:

11355 HIGHWAY 225
LAPORTE, TX 77571

New Principal Place of Business:

Current Mailing Address:

500, 11012 MACLEOD TRAIL SOUTH
CALGARY, ALBERTA, AB T2J 6A5 C XX

New Mailing Address:

FEI Number: 76-0309105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P D () Delete
Name: KRAUS, GREG
Address: 11355 HIGHWAY 225
City-St-Zip: LAPORTE, TX 77571

Title: VPD () Delete
Name: HEARN, ROGER
Address: 500, 11012 MACLEOD TRAIL SOUTH
City-St-Zip: CALGARY, AB T2J 6A5

Title: VP () Delete
Name: BOOMHOUR, RANDY
Address: 500, 11012 MACLEOD TRAIL SOUTH
City-St-Zip: CALGARY, ALBERTA, CANADA, AB T2J 6A5

Title: CD () Delete
Name: COVINGTON, RICK
Address: 11355 HIGHWAY 225
City-St-Zip: LAPORTE, TX 77571

Title: OD () Delete
Name: BRODERICK, GREG F
Address: 11355 HIGHWAY 225
City-St-Zip: LAPORTE,, TX 77051

Title: SEC () Delete
Name: KNOWLTON, JOHN J
Address: 500, 11012 MACLEOD TRAIL
City-St-Zip: CALGARY, ALBERTA,, AB T2J 6A5 C

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: HEARN, ROGER
Address: 500, 11012 MACLEOD TRAIL SOUTH
City-St-Zip: CALGARY, AB T2J 6A5

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

Title: TREA (X) Change () Addition
Name: COVINGTON, RICK
Address: 11355 HIGHWAY 225
City-St-Zip: LAPORTE, TX 77571

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: JAN CAMPBELL

AGEN

03/22/2008

Electronic Signature of Signing Officer or Director

_____ Date