

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005250

FILED
Apr 29, 2009
Secretary of State

Entity Name: NORTH AMERICAN ENERGY SERVICES COMPANY

Current Principal Place of Business:

1180 NW MAPLE STREET, SUITE 200
ISSAQUAH, WA 98029

New Principal Place of Business:

1180 NW MAPLE STREET, SUITE 200
ISSAQUAH, WA 98027

Current Mailing Address:

1180 NW MAPLE STREET, SUITE 200
ISSAQUAH, WA 98029

New Mailing Address:

1180 NW MAPLE STREET, SUITE 200
ISSAQUAH, WA 98027

FEI Number: 91-1111672

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: D () Delete
Name: MAEDA, SHIGEKI
Address: 335 MADISON AVE.
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: RABBAT, MOUNIR G
Address: 335 MADISON AVE.
City-St-Zip: NEW YORK, NY 10017

Title: C () Delete
Name: HOSHINO, AKIRA
Address: 335 MADISON AVE.
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: NEALE, STUART B
Address: 1180 NW MAPLE STREET, STE 200
City-St-Zip: ISSAQUAH, WA 98027

Title: D () Delete
Name: DENOVA, THOMAS A
Address: 1180 NW MAPLE STREET, STE. 200
City-St-Zip: ISSAQUAH, WA 98027

Title: CCS () Delete
Name: AMBUR, KENNETH R
Address: 1180 NW MAPLE STREET, STE 200
City-St-Zip: ISSAQUAH, WA 98027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BABA, YASUHIRO
Address: 335 MADISON AVE.
City-St-Zip: NEW YORK, NY 10017

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

Title: D (X) Change () Addition
Name: YOSHIKI, NAGASHIMA
Address: 335 MADISON AVE.
City-St-Zip: NEW YORK, NY 10017

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: STUART B. NEALE

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date