

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005250

FILED
Apr 30, 2012
Secretary of State

Entity Name: NORTH AMERICAN ENERGY SERVICES COMPANY

Current Principal Place of Business:

1180 NW MAPLE STREET, SUITE 200
ISSAQUAH, WA 98027

New Principal Place of Business:

Current Mailing Address:

1180 NW MAPLE STREET, SUITE 200
ISSAQUAH, WA 98027

New Mailing Address:

FEI Number: 91-1111672 **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

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: YOSHIAKI, NAGASHIMA
Address: 335 MADISON AVE.
City-St-Zip: NEW YORK, NY 10017

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

Title: CCS
Name: OLSON, DEBRA A
Address: 1180 NW MAPLE STREET, STE 200
City-St-Zip: ISSAQUAH, WA 98027

I hereby 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 all other like empowered.

SIGNATURE: DEBRA A. OLSON

CCS

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date