2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003046

Entity Name: AMEC PIPELINE PROFESSIONALS, INC.

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2020 WINSTON PARK DRIVE SUITE 700 OAKVILLE, ON L6H 6X7				2020 WINSTON PARK DRIVE SUITE 700 OAKVILLE, ON, CANADA, ON L6H 6X7 CA			
Current Mailing Address:				New Mailing Address:			
2020 WINSTON PARK DRIVE SUITE 700 OAKVILLE, ON L6H 6X7				2020 WINSTON PARK DRIVE SUITE 700 OAKVILLE, ON, CANADA, ON L6H 6X7 CA			
FEI Number:	74-2918594	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Statu	ıs Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D/P () D PEARS, DOUGLA 510 ELLIS DRIVE ACHESON, AB T S () D SCHIFFER, VIVIE 333 CLAY STREE HOUSTON, TX 7	:, 53016 HWY 60 7X 5A7 CA velete NNE R ET, SUITE 3300		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WATSON, TIMO 1979 LAKESIDE TUCKER, GA 3 S (X) SCHIFFER, VIV	E PARKWAY, SUITE 0084 US Change () Addition IENNE R EET, SUITE 3300	500
Title: Name: Address: City-St-Zip: Title: Name:	LING, GRANT 1401 I (EYE) STR WASHINGTON, D	elete		Title: Name: Address: City-St-Zip: Title: Name:	LING, GRANT 1401 I (EYE) ST WASHINGTON, P (X) CURRAN, GREG	Change () Addition GORY	000
Address: City-St-Zip: Title:	D () D	elete		Address: City-St-Zip: Title:	HOUSTON, TX V (X)	Change () Addition	
Name: Address: City-St-Zip:	MCCLUSKIE, JAN 4435 E. HOLMES MESA, AZ 85206	AVENUE ;		Name: Address: City-St-Zip:	OAKVILLE, ON	I PARK DRIVE, SUITI L6H 6X7 CA	
Title: Name: Address: City-St-Zip:	GERRISH, GRÉG	PARK DRIVE, SUITE 700		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY R. GERRISH ACS 04/06/2006