

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003287

FILED
Feb 24, 2011
Secretary of State

Entity Name: TULSA INSPECTION RESOURCES, INC.

Current Principal Place of Business:

4111 S DARLINGTON AVE SUITE 1000
TULSA, OK 74135

New Principal Place of Business:

4111 S DARLINGTON AVE
SUITE 1000
TULSA, OK 74135

Current Mailing Address:

4111 S DARLINGTON AVE SUITE 1000
TULSA, OK 74135

New Mailing Address:

4111 S DARLINGTON AVE
SUITE 1000
TULSA, OK 74135

FEI Number: 26-3983947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: LORETT, JERRY W
Address: 406 VALLEY VIEW RD
City-St-Zip: CLEVELAND, OK 74020

Title: COOD
Name: LEDINGHAM, RONALD
Address: 34427 W MCCRACKIN RD
City-St-Zip: MANNFORD, OK 74044

Title: P
Name: LORETT, RANDALL
Address: 107 FOREST LANE
City-St-Zip: CLEVELAND, OK 74020

Title: VPT
Name: O'KEEFE, DAN
Address: 4832 E. 111TH
City-St-Zip: TULSA, OK 74137

Title: D
Name: VAUGHN, DOUG
Address: 3415 ALLEGHANY DR
City-St-Zip: RALEIGH, NC 27609

Title: D
Name: REYNOLDS, ROD
Address: 20 PARK SQUARE E
City-St-Zip: LONDON UK NW1 4LH, XX

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: DAN O'KEEFE

VPT

02/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date