2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 02, 2004 08:00 AM DOCUMENT # F93000001671 **Secretary of State** 1. Entity Name WILLBROS RPI, INC. Principal Place of Business Mailing Address P.O. BOX 11875 HOUSTON TX 77293 P.O. BOX 11875 HOUSTON TX 77293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE 4. FEI Number Applied For City & State City & State 76-0368402 Not Applicable Ζıp Country Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Redistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Addition TITE ☐ Delete TITLE OWENS, ALAN NAME NAME U00000073365 U3/02/04-80033-014 150.00 7213 E MOUNT HOUSTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77050 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete title NAME BUNN, DOUGLAS D NAME 7213 E MOUNT HOUSTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77050 CITY-ST-ZIP Change Addition VΡ ☐ Delete TITLE TITLE MAME CATER, KEVIN L STREET ADDRESS STREET ADDRESS 7213 E MOUNT HOUSTON RD CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77050 ☐ Change ☐ Addition Delete TITLE TITLE WILLIAMS, WARREN L NAME NAME 4400 POST OAK PARKWAY STREET ADDRESS STREET ADDRESS HOUSTON TX 77027 CITY -ST - ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04 28/4493734

**FILED**