2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2007 8:00 am **Secretary of State** DOCUMENT # F93000001671 01-25-2007 90037 038 ***150 00 1. Entity Name WILLBROS RPI, INC. Principal Place of Business Mailing Address 60006537 P.O. BOX 11875 P.O. BOX 11875 HOUSTON, TX 77293 US HOUSTON, TX 77293 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7213 E. MT. HOUSTON ROAD 4400 POST DAK PAKKUM Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 CR2E034 (12/06) SUME 1000 City & State City & State 4. FEI Number Applied For TY HOUSTON laiston ΤX 76-0368402 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 77050 77027 υS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 il applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Addition TITLE OWENS, ALAN NAME NAME STREET ADDRESS 7213 E MOUNT HOUSTON ROAD STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77050 CITY-ST-ZIP SECRETORY TITLE Delete TITLE ☐ Addition PAROUE WILLIAM L BUNN, DOUGLAS D NAMÉ 7213 E MOUNT HOUSTON ROAD 4400 POST DAK PKWY, STE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOUSTON, TX 77050 CITY - ST - 7IP HOUSTON TX 171027 ☐ Delete TITLE TITLE T Change ☐ Addition NAME CATER, KEVIN L NAME STREET ADDRESS 7213 E MOUNT HOUSTON RD STREET ADDRESS HOUSTON, TX 77050 CITY-ST-7IP CITY-ST-7IP THEASURER Delete TITLE Change ☐ Addition TITLE WILLIAMS, WARREN L MELX, GEN S. NAME NAME STREET ADDRESS 4400 POST OAK PARKWAY STREET ADDRESS 4400 POST DAK PKWY, STE 1000 CITY-ST-ZIP HOUSTON, TX 77027 CITY-ST-ZIP HOUSTON TX TITLE Delete TITLE ☐ Change ☐ Addition NAME BERRYHILL, DENNIS NAME STREET ADDRESS 4400 POST OAK PARKWAY STREET ADDRESS HOUSTON, TX 77027 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the ecceiver 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. arda

SIGNATURE:

WILLAM L. PAROUE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

113.403.8000