

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J15679

FILED
Mar 19, 2009
Secretary of State

Entity Name: COMPLETION SERVICES, INC.

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 2300
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

221 NORTH HOGAN STREET
SUITE 234
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-2874210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICANDRI, PETER
14 EAST BAY ST
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: RIGSBY, STEVE PRES.
Address: 4395 BORON DRIVE
City-St-Zip: LATONIA, KY 41015 US

Title: TREA () Delete
Name: FREDSTROM, ROGER TREASUR
Address: 221 OAKCREEK DRIVE
City-St-Zip: LINCOLN, NE 68528 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PEACOCK, DONN PRES.
Address: 1880 DOBBIN DRIVE
City-St-Zip: SAN JOSE, CA 95133 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONN PEACOCK

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date