

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J15679

FILED
Jan 27, 2011
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

OFFICERS AND DIRECTORS:

Title: PRES
Name: KAISER, BOB PRES.
Address: 945 S. FLOYD STREET
City-St-Zip: LOUISVILLE, KY 40203 US

Title: TREA
Name: MCHENRY, ALLEN TREASUR
Address: 201 ANDREW DRIVE, SUITE 100
City-St-Zip: STOCKBRIDGE, GA 30281 US

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: BARRY FLOYD

DIR.

01/27/2011

Electronic Signature of Signing Officer or Director

Date