2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002735 1. Entity Name NMC FIELD SERVICES, LLC Principal Place of Business Mailing Address 6500 N. BELTLINE ROAD 6500 N. BELTLINE ROAD IRVING, TX 75063 IRVING, TX 75063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zin 6.-Name and Address of Current Registered Agent-C T CORPORATION SYSTEM Street Address (F 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 8. The above named entity submits this statement for the purpose of changing its registered office or register SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required Filing Fee Is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE TITLE **D**Delete ma CARR, WILLIAM H NAME Snÿ NAME STREET ADDRESS 6500 N. BELT LINE RD STREET ADDRESS 450 CITY-\$1-ZIP IRVING, TX 75063 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE JOSEPH, BRIAN NAME NAME STREET ADDRESS 6500 N. BELT LINE RD STREET ADDRESS CITY-ST-ZIP IRVING, TX 75063 CITY-ST-ZIP MGR TITLE ☐ Detete TITLE EPP, KRISTEN NAME -NAME STREET ADDRESS 6500 N. BELT LINE RD STREET ADDRESS CITY-ST-ZIP IRVING, TX 75063 CITY-ST-ZIP Delete TITLE MGR TITLE JENSEN, RONALD L NAME NAME Jer STREET ADDRESS 6500 N. BELT LINE RD STREET ADDRESS IRVING, TX 75063 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR Delete TITLE NAME GEDWED, WILLIAM J NAME STREET ADDRESS 6500 N. BELT LINE RD STREET ADDRESS CITY-ST-ZIP **IRVING, TX 75063** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

x : .

2005 LIMITED LIABILITY COMPAI ANNUAL REPORT DOCUMENT # M02000002735 1. Entity Name NMC FIELD SERVICES, LLC							Apr 11, 2005 8:00 at Secretary of State 04-11-2005 90051 031 ****50.00				
Principal Place of Business 6500 N. BELTLINE ROAD RVING, TX 75063 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 6500 N. BELTLINE RO IRVING, TX 75063	6500 N. BELTLINE ROAD			04052005 Chg-LLC CR2E083 (10/03)					
		3. Mailing Address									
		Suite, Apt. #, etc.									
		City & State				1 1			Applied For Not Applicable		
Zip		Country	Zip	Country	у	5. Certifica	e of Status Desired		\$5.00 Fee Req	Additional uired	
	6Name	and Address of Curre	nt Registered Agent ————		Name	7. Name a	d Address of New	Registere	d Agent	-	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<u> </u>		Street Address (P.O. Box Number is Not Acceptable)					
				-	City			F	Zip C	Code	
The above	named entity	y submits this statemen	t for the purpose of changing it	s registered	d office or re	gistered agent, or t	oth, in the State of F	lorida. La	m familiar w	ith, and accept	
	tions of regist		t for the purpose of changing i			egistered agent, or t	oth, in the State of F	lorida. I a		ith, and accept	
the obligate	tions of regist	ered agent. or printed name of registered agents \$ \$50.00					Ma	DATE		o	
the obligat IGNATURE 	Signature, typed Signature, typed Signature, typed Liling Fee I Liling Fee I Liling May	ered agent. or printed name of registered agents \$ \$50.00 y 1, 2005	ent and title of applicable. (NC		Agent signature	required when reinstating)	Ma	DATE ke check la Depart	payable t	o tate	
the obligat	Signature, typed sliling Fee lue by May MGR CARR, W	ered agent. or printed name of registered agents is \$50.00 y 1, 2005 MANAGING MEM ILLIAM H IELT LINE RD	ent and title if applicable. (NC	10. THE	Agent signature	mgr Snyder, 1	ADDITIONS OM Belt Liv	DATE ke check da Depart	payable t	o tate	
IGNATURE FILE ME REEI ADORESS	Signature, typed sliing Fee I ue by May MGR CARR, W 6500 N. B IRVING, 1 MGR JOSEPH, 6500 N. B	ered agent. or printed name of registered agents is \$50.00 y 1, 2005 MANAGING MEM ILLIAM H ELT LINE RD TX 75063 BRIAN ELT LINE RD	ent and title of applicable. (NC	10. TITLE NAME STREET CITY-S TITLE NAME	Agent signature I ADDRESS ST-ZIP T ADDRESS	mgr Snyder, 1	Ma Floric ADDITIONS	DATE ke check da Depart	c payable to the paya	o tate pe PAddition	
THE ODDRESS TY-SI-ZIP TILE IME REET ADDRESS TY-SI-ZIP TILE IME REET ADDRESS	Signature, typed sliing Fee I ue by May MGR CARR, W 6500 N. B IRVING, 1 MGR JOSEPH, 6500 N. B IRVING, 1 MGR TEVING, 1 MGR TEVING, 1	ered agent. or printed name of registered agent. s \$50.00 y 1, 2005 MANAGING MEM ILLIAM H ELT LINE RD TX 75063 BRIAN ELT LINE RD TX 75063 STEN ELT LINE RD	ent and title of applicable. (NC	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	Agent signature I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS	mgr Snyder, 1	ADDITIONS OM Belt Liv	DATE ke check da Depart	c payable to the	o tate ge PAddition	
LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS	Signature, typed Signature, typed Illing Fee I ue by May MGR CARR, W 6500 N. B IRVING, 1 MGR JOSEPH, 6500 N. B IRVING, 1 MGR EPP; KRI: 6500 N. B IRVING, 1 MGR JENSEN,	ered agent. or printed name of registered agent. s \$50.00 y 1, 2005 MANAGING MEM ILLIAM H IELT LINE RD TX 75063 BRIAN IELT LINE RD TX 75063 STEN IELT LINE RD TX 75063 RONALD L IELT LINE RD	BERS/MANAGERS Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	I ADDRESS ST-ZIP	mgr snyder, 1 500 N. Erving	ADDITIONS To M Belt Lir TX 750 Jeffrey Belt Li	bateke check ta Departs 6/CHANG 063	ES Chan	o tate De Addition De Addition De Addition	
LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE ME ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP	Signature, typed sliing Fee I ue by May MGR CARR, W 6500 N. B IRVING, 1 MGR JOSEPH, 6500 N. B IRVING, 1 MGR EPP, KRI: 6500 N. B IRVING, 1 MGR JENSEN, 6500 N. B IRVING, 1	ered agent. Septimized name of registered agent. Septimized name of registered agent in the septimized name of registered agent in the septimized name of registered agent in the septimized name in the septimization name in the septimized name in the septimized name in the	BERS/MANAGERS Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS	mgr snyder, 1 500 N. Erving Mgr Jensen,	ADDITIONS To m Belt Lir	bateke check ta Departs 6/CHANG 063	ES Chan	o tate De Addition De Addition De Addition	