

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001340

Entity Name: W-S MECHANICAL GROUP, LLC

FILED  
Feb 10, 2005  
Secretary of State

**Current Principal Place of Business:**

13667 192 STREET  
COUNCIL BLUFFS, IA 51503

**New Principal Place of Business:**

**Current Mailing Address:**

13667 192 STREET  
COUNCIL BLUFFS, IA 51503

**New Mailing Address:**

FEI Number: 73-1623595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WIESE, JOHN B  
Address: 13667 192ND STREET  
City-St-Zip: COUNCIL BLUFFS, IA 51503

Title: MGR ( ) Delete  
Name: ROANE, DARRELL  
Address: 13667 192ND STREET  
City-St-Zip: COUNCIL BLUFFS, IA 51503

Title: MGR ( ) Delete  
Name: LYNN, FRANK  
Address: 8421 SW 8TH STREET  
City-St-Zip: OKLAHOMA CITY, OK 731284214

Title: MGR ( ) Delete  
Name: FIELDER, MARK  
Address: 8421 SW 8TH STREET  
City-St-Zip: OKLAHOMA CITY, OK 731284214

Title: MGR ( ) Delete  
Name: WATERS, DARRELL  
Address: 8421 SW 8TH STREET  
City-St-Zip: OKLAHOMA CITY, OK 731284214

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WIESE, JOHN B  
Address: 13667 192ND STREET  
City-St-Zip: COUNCIL BLUFFS, IA 51503

Title: MGR (X) Change ( ) Addition  
Name: ROANE, DARRELL F  
Address: 13667 192ND STREET  
City-St-Zip: COUNCIL BLUFFS, IA 51503

Title: MGR (X) Change ( ) Addition  
Name: LYNN, FRANKLIN P  
Address: 8421 SW 8TH STREET  
City-St-Zip: OKLAHOMA CITY, OK 731284214

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN B WIESE

MGRM

02/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date