

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M04000000006

Entity Name: WILLIAMS PLANT SERVICES, LLC

FILED
Aug 23, 2005
Secretary of State

Current Principal Place of Business:

2076 WEST PARK PLACE
STONE MOUNTAIN, GA 300873530

New Principal Place of Business:

Current Mailing Address:

2076 WEST PARK PLACE
STONE MOUNTAIN, GA 300873530

New Mailing Address:

FEI Number: 83-0379575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, VIRGIL R
Address: 2076 WEST PARK PLACE
City-St-Zip: STONE MOUNTAIN, GA 300873530

Title: MGR () Delete
Name: WILLIAMS, J M
Address: 2076 WEST PARK PLACE
City-St-Zip: STONE MOUNTAIN, GA 300873530

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DANIELS, LUTHER C PRESIDE
Address: 2076 WEST PARK PLACE
City-St-Zip: STONE MOUNTAIN, GA 300873530

Title: MGR (X) Change () Addition
Name: MATHESON, JOHN M
Address: 6120 S. YALE, SUITE 1480
City-St-Zip: TULSA, OK 74136 US

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: LUTHER C. DANIELS

MGR

08/23/2005

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