

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M04000002142

**FILED  
Jun 22, 2005  
Secretary of State****Entity Name:** WILLIAMS INDUSTRIAL SERVICES, LLC**Current Principal Place of Business:**2075 WEST PARK PLACE BLVD.  
STONE MOUNTAIN, GA 30087**New Principal Place of Business:****Current Mailing Address:**2075 WEST PARK PLACE BLVD.  
STONE MOUNTAIN, GA 30087**New Mailing Address:**

FEI Number: 20-0910406      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, J.M. JR.  
Address: 2075 WEST PARK PLACE BLVD.  
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: MGR ( ) Delete  
Name: WILLIAMS, VIRGIL R  
Address: 2075 WEST PARK PLACE BLVD.  
City-St-Zip: STONE MOUNTAIN, GA 30087

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: WILSON, JAMES P  
Address: 6120 S. YALE, SUITE 1480  
City-St-Zip: TULSA, OK 74136

I hereby certify that the information supplied with this filing does not qualify 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: JAMES P. WILSON

MGR

06/22/2005

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