

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003933

FILED
Jan 17, 2008
Secretary of State

Entity Name: WILCO INDUSTRIAL SERVICES, LLC

Current Principal Place of Business:

2002 FALSE RIVER DRIVE, SUITE A
NEW ROADS, LA 70760

New Principal Place of Business:

Current Mailing Address:

2002 FALSE RIVER DRIVE, SUITE A
NEW ROADS, LA 70760

New Mailing Address:

PO BOX 751
NEW ROADS, LA 70760

FEI Number: 94-3423864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 E. 6TH AVE.
TALLAHASSEE, FL 32303 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: MGRM () Delete
Name: POOLE, RICHARD
Address: 2002 FALSE RIVER DRIVE, SUITE A
City-St-Zip: NEW ROADS, LA 70760

Title: MGRM () Delete
Name: WILSON, JOHN SR.
Address: 1304 MACARTHUR AVE.
City-St-Zip: HARVEY, LA 70058

Title: MGRM () Delete
Name: WILSON, DEAN
Address: 1304 MACARTHUR AVE.
City-St-Zip: HARVEY, LA 70058

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: RICHARD POOLE

MGRM

01/17/2008

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