## 2007 LIMITED LIABILITY COMPANY

## Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # M96000000086 04-16-2007 90351 042 \*\*\*\*50.00 BSW CONSTRUCTION SERVICES, L.L.C. PARALTIA Principal Place of Business Mailing Address ONE WEST THIRD STREET. ONE WEST THIRD STREET. SUITE 800 SUITE 800 TULSA, OK 74103-3505-3520 TULSA, OK 74103-3505-3520 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. --Suite, Apt. #, etc 01042007 Chg-LLC CR2E083 (12/06) Applied For City & State 4 FEI Number City & State 73-1485401 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 74103-3520 74103-3520 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Change Delete TITLE TITLE ☐ Addition Manager STEPHENS, JEFFREY L NAME NAME BSW International, Inc. STREET ADDRESS ONE WEST THIRD STREET, STE 800 STREET ADDRESS One West Third Street, Suite 800 CITY-ST-ZIP TULSA, OK 741033505 CITY-ST-ZIP Tulsa, OK 74103-3520 Detete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

ternational, Inc.

SIGNÁTURE:

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

By: Jeffrey L. Stephens, CEO/President