2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Aug 02, 2000 8:00 am Secretary of State **DOCUMENT # P17520** WILLBROS ENGINEERS, INC. 08-02-2000 90004 011 ***550.00 Principal Place of Business Mailing Address 2087 E. 71ST STREET 2087 EAST 71ST STREET TULSA OK 74136-5462 TULSA OK 74136-5462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 73-0800703 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ۷D ☐ Delete Change Addition TITLE TITLE VP Curtis E. Simkin NAME SHORES, S.W. NAME 2087 E. 71st Street STREET ADDRESS STREET ADDRESS 2087 EAST 71ST STREET Tulsa, OK 74136 CITY-ST-ZIP CITY-ST-ZIP **TULSA OK** ☐ Change ☐ Addition ☐ Delete TITLE NAME BEASLEY, J.R. NAME STREET ADDRESS 2087 EAST 71ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ TULSA.OK ☐ Change Addition TITLE ☐ Delete NAME HOVE, JOHN N NAME STREET ADDRESS 2431 E 61ST STREET, SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TULSA OK 74136** Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TURGARD TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR

John N. Hove 7/19/00 (918) 748-7000

Date Desture Phone *