

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20328

Entity Name: TDW SERVICES, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

5727 S. LEWIS AVE STE 300
TULSA, OK 74105

New Principal Place of Business:

Current Mailing Address:

PO BOX 2299
TULSA, OK 74101

New Mailing Address:

FEI Number: 73-0788288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BINKLEY, D. BRUCE
Address: 5727 S LEWIS AVENUE SUITE 300
City-St-Zip: TULSA, OK 74105

Title: AS () Delete
Name: ELIOT, JUDITH S
Address: 5727 S. LEWIS AVENUE SUITE 300
City-St-Zip: TULSA, OK 74105

Title: VP () Delete
Name: MCGREW, ROBERT D
Address: 5727 S. LEWIS AVENUE SUITE 300
City-St-Zip: TULSA, OK 74105

Title: ST () Delete
Name: MCGREW, ROBERT
Address: 5727 S. LEWIS AVENUE SUITE 300
City-St-Zip: TULSA, OK 74105

Title: AS () Delete
Name: BOWMAN, KIM
Address: 5727 S. LEWIS AVENUE SUITE 300
City-St-Zip: TULSA, OK 74105

Title: C () Delete
Name: WILLIAMSON, RICHARD
Address: 5727 S. LEWIS AVENUE SUITE 300
City-St-Zip: TULSA, OK 74105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D. MCGREW

TRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date