

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003359

Entity Name: BLACKMON MOORING USA, LLC**Current Principal Place of Business:**308 ARTHUR STREET
FORT WORTH, TX 76107**Current Mailing Address:**308 ARTHUR STREET
FORT WORTH, TX 76107**FEI Number:** 20-0463461**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Authorized Person(s) Detail :

Title MGR
Name BLACKMON, KIRK
Address 303 ARTHUR STREET
City-State-Zip: FORT WORTH TX 76107

Title MGR
Name BLACKMON, W.G. III
Address 303 ARTHUR STREET
City-State-Zip: FORT WORTH TX 76107

Title MGR
Name BLACKMON, GREG
Address 303 ARTHUR STREET
City-State-Zip: FORT WORTH TX 76107

Title TREA
Name SMITH, ROBERT D
Address 303 ARTHUR ST
City-State-Zip: FORT WORTH TX 76107

Title PRES
Name HEAD, TOM
Address 303 ARTHUR ST
City-State-Zip: FORT WORTH TX 76107

Title VP
Name SCHULZE, PAUL
Address 308 ARTHUR STREET
City-State-Zip: FORT WORTH TX 76107

Title VP
Name KINGSLEY, JOSH
Address 308 ARTHUR STREET
City-State-Zip: FORT WORTH TX 76107

Title VP
Name COULSON, COLE
Address 308 ARTHUR STREET
City-State-Zip: FORT WORTH TX 76107

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT D SMITH**TREASURER****01/08/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date