

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000004622

**Entity Name:** DEVCO USA, L.L.C.

**Current Principal Place of Business:**

5100 E. SKELLY DRIVE, SUITE 100  
TULSA, OK 74135

**Current Mailing Address:**

5100 E. SKELLY DRIVE, SUITE 100  
TULSA, OK 74135 US

**FEI Number:** 73-1545669

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 VICE PRESIDENT/CFO/SECRETARY  
Name CAVANAH, KEVIN S  
Address 5100 E. SKELLY DRIVE, SUITE 100  
City-State-Zip: TULSA OK 74135

Title SR. VICE PRESIDENT AND ASST. SECRETARY  
Name ERDMANN, KENNETH L  
Address 5100 E. SKELLY DRIVE, SUITE 100  
City-State-Zip: TULSA OK 74135

Title PRESIDENT  
Name RODGERS, GLYN A  
Address 5100 E. SKELLY DRIVE, SUITE 100  
City-State-Zip: TULSA OK 74135

Title MANAGER  
Name RODGERS, GLYN A  
Address 5100 E. SKELLY DRIVE, SUITE 100  
City-State-Zip: TULSA OK 74135

Title MANAGER  
Name CAVANAH, KEVIN S  
Address 5100 E. SKELLY DRIVE, SUITE 100  
City-State-Zip: TULSA OK 74135

Title MANAGER  
Name ERDMANN, KENNETH L  
Address 5100 E. SKELLY DRIVE, SUITE 100  
City-State-Zip: TULSA OK 74135

*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:** CAVANAH, KEVIN S

**MANAGER**

**03/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date