2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004731

Entity Name: JACOBS FIELD SERVICES AMERICAS INC.

Current Principal Place of Business:

155 NORTH LAKE AVENUE PASADENA, CA 91101

Current Mailing Address:

ATTN: TAX DEPARTMENT

PO BOX 7084

PASADENA. CA 91109-7084

FEI Number: 80-0071846 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

FILED Apr 21, 2014

Secretary of State

CC8630027295

Officer/Director Detail:

VΡ Title Title

Name MCELROY, BAXTER Name STEVENS, RICK

Address 5995 ROGERDALE ROAD Address 333 E. WETMORE ROAD, SUITE 600

TUCSON AZ 85705 City-State-Zip: HOUSTON TX 77072 City-State-Zip:

Title D Title

Name STASSI, PHILIP J Name PROSSER, JR., JOHN W

Address 155 NORTH LAKE AVENUE Address 155 NORTH LAKE AVENUE City-State-Zip: PASADENA CA 91101 PASADENA CA 91101 City-State-Zip:

Title Title D

Name LANDRY, GREGORY J MANDEL, JOSEPH G Name Address 5995 ROGERDALE ROAD 5995 ROGERDALE ROAD Address City-State-Zip: HOUSTON TX 77072 City-State-Zip: HOUSTON TX 77072

Title ASST. SECRETARY **SECRETARY** Title Name BANTE, MICHAEL J. Name UDOVIC, MICHAEL S.

Address 155 NORTH LAKE AVENUE Address 155 NORTH LAKE AVENUE City-State-Zip: PASADENA CA 91101 City-State-Zip: PASADENA CA 91101

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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 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 all other like empowered.

SIGNATURE: JOHN W. PROSSER, JR.

TREASURER

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title ASST. SECRETARY Name HABA, TODD A.

Address 707 17TH STREET, SUITE 2300

City-State-Zip: DENVER CA 80202