



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000142844		2. Exact name of the Corporation ULTRAFLOTE CORPORATION			
3. Principal office address 3640 WEST 12TH STREET			City HOUSTON	State TX	Zip 77008
4. Business Phone No. (713) 461-2100			5. State of Incorporation DELAWARE		
6. Brief description of the character of business conducted in Rhode Island CONTRACTOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEPHEN M. HALL			Vice-President Name RONALD C. KERN		
Street Address 3640 WEST 12TH STREET			Street Address 3640 WEST 12TH STREET		
City HOUSTON	State TX	Zip 77008	City HOUSTON	State TX	Zip 77008
Secretary Name STEPHEN M. HALL			Treasurer Name JOAN HAYES		
Street Address 3640 WEST 12TH STREET			Street Address 3640 WEST 12TH STREET		
City HOUSTON	State	Zip 77008	City HOUSTON	State TX	Zip 77008
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name STEPHEN M. HALL			Director Name JACK W. HOLCOMB		
Street Address 3640 WEST 12TH STREET			Street Address 1415 LOUISIANA		
City HOUSTON	State TX	Zip 77008	City HOUSTON	State TX	Zip 77002
Director Name PAUL H. BROWN			Director Name NIJAD I. FARES		
Street Address 1415 LOUISIANA			Street Address 1415 LOUISIANA		
City HOUSTON	State TX	Zip 77002	City HOUSTON	State TX	Zip 77002
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	1

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

APR 13 2016

By: an2183
 A.A. 9:51 AM

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
 Signature of Authorized Representative: Stephen M. Hall Date: 3/21/2016
STEPHEN M. HALL
 Print or Type Name of Authorized Representative