

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006994

FILED  
Mar 16, 2011  
Secretary of State

Entity Name: RIVERSTONE OPERATING COMPANY, INC.

**Current Principal Place of Business:**

1201 ELM STREET  
SUITE 1600  
DALLAS, TX 75270 US

**New Principal Place of Business:**

**Current Mailing Address:**

1201 ELM STREET  
SUITE 1600  
DALLAS, TX 75270 US

**New Mailing Address:**

FEI Number: 26-1796946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, WALT  
Address: 3101 WESTERN AVENUE, SUITE 400  
City-St-Zip: SEATTLE, WA 98121 US

Title: SVP  
Name: HOFFMAN, MICHAEL  
Address: 1201 ELM STREET, SUITE 1600  
City-St-Zip: DALLAS, TX 75270 US

Title: AT  
Name: HOLLOWAY, RENEE  
Address: 1201 ELM STREET, SUITE 1600  
City-St-Zip: DALLAS, TX 75270 US

Title: AS  
Name: HARTGRAVES, TIFFANY  
Address: 1201 ELM STREET, SUITE 1600  
City-St-Zip: DALLAS, TX 75270 US

Title: D  
Name: PEARSON, MICHAEL  
Address: 1201 ELM STREET, SUITE 1600  
City-St-Zip: DALLAS, TX 75270 US

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: RENEE HOLLOWAY

AT

03/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date