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Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 460331

(2)

1. Corporation Name
TRANSULF PIPELINE COMPANY



Principal Place of Business
ATTN: PEGGY B. MENCHACA
P.O. BOX 1188
HOUSTON TX 77251-1188

Mailing Address
ATTN: PEGGY B. MENCHACA
P.O. BOX 1188
HOUSTON TX 77251-1188

3. Date Incorporated or Qualified 08/28/1974	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1548921	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Separate signatures are required for each individual applicant. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WYATT, MARY S	1.1 TITLE	
NAME	1400 SMITH STREET	1.2 NAME	
STREET ADDRESS	HOUSTON TX 77002	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V HERMANN, ROBERT J.	2.1 TITLE	
NAME	1400 SMITH STREET	2.2 NAME	
STREET ADDRESS	HOUSTON TX	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPS MENCHACA, PEGGY B	3.1 TITLE	
NAME	1400 SMITH STREET	3.2 NAME	
STREET ADDRESS	HOUSTON TX	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VT HUNEKE, KURT S.	4.1 TITLE	VT
NAME	1400 SMITH STREET	4.2 NAME	William D. Gathmann
STREET ADDRESS	HOUSTON TX	4.3 STREET ADDRESS	1400 Smith Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Houston TX 77002
TITLE	D DERRICK, JAMES V JR.	5.1 TITLE	
NAME	1400 SMITH STREET	5.2 NAME	
STREET ADDRESS	HOUSTON TX 77002	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BARNHART, JAMES G	6.1 TITLE	D
NAME	1400 SMITH STREET	6.2 NAME	Elizabeth J. Labanowski
STREET ADDRESS	HOUSTON TX 77002	6.3 STREET ADDRESS	1400 Smith Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Houston TX 77002

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/10/97 DAYTIME PHONE #: (713) 853-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Robert J. Hermann, Vice President, Transulf Pipeline Company

CR2E034 (9/96)