

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 840667 (0)

1. Corporation Name
CHEVRON NATURAL GAS SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 575 MARKET ST. SAN FRANCISCO CA 94105	Mailing Address 225 BUSH ST ROOM 1207 SAN FRANCISCO CA 94104 US
---	---

3. Date Incorporated or Qualified
05/17/1978

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

4. FEI Number
51-0269422

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	JONES, J. H. JR.	
STREET ADDRESS	225 BUSH ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	DUNN, D.R.	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	
CITY-ST-ZIP	XXXXXXXXXX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEVENSON, D.R.	
STREET ADDRESS	103 MCKINNEY	
CITY-ST-ZIP	HOUSTON TX 77010	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMAY, D.P.	
STREET ADDRESS	2005 DIAMOND BLVD.	
CITY-ST-ZIP	CONCORD CA 94520	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KREPS, R.J.	
STREET ADDRESS	6001 BOLLINGER CANYON RD	
CITY-ST-ZIP	SAN RAMON CA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MACLEAN, D.H.	
STREET ADDRESS	1301 MCKINNEY	
CITY-ST-ZIP	HOUSTON TX 77010	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	935 Gravier Street
2.4 CITY-ST-ZIP	New Orleans, LA. 70112
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP L. D. ROBISON
5.3 STREET ADDRESS	1301 MCKINNEY
5.4 CITY-ST-ZIP	HOUSTON, TX. 77010
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP P. R. BREIER
6.3 STREET ADDRESS	6001 Bollinger Canyon Road
6.4 CITY-ST-ZIP	San Ramon, CA. 94583

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Florida Statutes. I further certify that the information indicated 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 **APR 27 1998** **615-824-7700**

CR2E034 (10/97)