2001 UNIFORM BUSINESS REPORT (UBR)

000827 AF

DOCUMENT # B96000000329

1. Entity Name

DYNEGY MIDSTREAM SERVICES, LIMITED PARTNERSHIP

FILED

01 JUN 18 AM 9:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1000 LOUISIANA. SUITE 5800 ATTN: TAX DEPT. HOUSTON TX 77002	1000 LOUISIANA. SUITE 5800 ATTN: TAX DEPT. HOUSTON TX 77002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn.: Tax Dept.
City & State	City & State Houston, TX
Zip / Country	Zip 77002 / Country USA

4. FEI Number 76-0507891 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$250,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000004285	STREET ADDRESS	
NAME	DYNEGY MIDSTREAM G.P., INC.	CITY-ST-ZIP	000004437440--3 -06/22/01--01061--019 ****376.25 ****376.25
STREET ADDRESS	13430 NORTHWEST FREEWAY, #1200		
CITY-ST-ZIP	HOUSTON TX 77040		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000004437440--3 -06/22/01--01061--020 ****150.00 ****150.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

14. I 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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Gene S. Foster, VP-Taxation 4-16-01 (713)507-3695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #