2002 UNIFORM BUSINESS REPORT (UBR)

001294 AT

FILED
02 FEB 27 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B96000000329

1. Entity Name

DYNEGY MIDSTREAM SERVICES, LIMITED PARTNERSHIP

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

9. Capital Contributions as Shown on record. $250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	1000 LOUISIANA Ste 5800
NAME	DYNEGY MIDSTREAM G.P., INC.		
STREET ADDRESS	13430 NORTHWEST FREEWAY, #1200		
CITY-ST-ZIP	HOUSTON TX 77040	CITY-ST-ZIP	Houston, TX 77002
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	600005041966--6 -03/04/02--01117--021 ****526.25 ****526.25
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (9/01)

STAPLE CHECK HERE

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, Vice President, Taxation — 02/14/02 — (713)507-3695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #