


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F92000000486
 1. Entity Name
MIDWESTERN PIPELINE SERVICES, INC.



Principal Place of Business Mailing Address
160 KLAMATH CT **PO BOX 330356**
AMERICAN CANYON, CA 94503 US **SAN FRANCISCO, CA 94133 US**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
73-1409478 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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRISON, MICHAEL T
STREET ADDRESS	160 KLAMATH CT.
CITY-ST-ZIP	AMERICAN CANYON, CA 94503
TITLE	V
NAME	POYAS, JOHN L
STREET ADDRESS	1815 E. 32ND ST
CITY-ST-ZIP	TULSA, OK 74105
TITLE	V
NAME	WILHITE, MICHAEL T.
STREET ADDRESS	160 KLAMATH CT
CITY-ST-ZIP	AMERICAN CANYON, CA 94503
TITLE	V
NAME	HARRISON, CHRIS M
STREET ADDRESS	PO BOX 330356
CITY-ST-ZIP	SAN FRANCISCO, CA 94133
TITLE	VP
NAME	BRADY, STANLEY J
STREET ADDRESS	400 OAK PARK CIRCLE
CITY-ST-ZIP	RUSTON, LA 71270
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/25/07-80015-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris M. Harrison **Chris M. Harrison** **1-4-07** **(415) 392-2031**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #