

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90034 012 \*\*\*150.00

**DOCUMENT # F92000000486**

1. Entity Name

MIDWESTERN PIPELINE SERVICES, INC.



Principal Place of Business

160 KLAMATH CT  
AMERICAN CANYON, CA 94503 US

Mailing Address

PO BOX 330356  
SAN FRANCISCO, CA 94133 US

40003500



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08

Date

(415)392-2031

Daytime Phone #