2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000002263** Apr 23, 2000 8:00 am Secretary of State 1. Entity Name WILLIAMS NATURAL GAS LIQUIDS, INC. 04-23-2000 90057 027 ***150.00 Principal Place of Business Mailing Address ONE WILLIAMS CTR ONE WILLIAMS CTR **TULSA OK 74172** TULSA OK 74172-0150 838195 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number 73-1198094 Not Applicable Zip Country Country Zip **\$8.75** Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9: This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **CPD** TITLE ☐ Delete TITLE ☐ Addition Keith E. Bailey One Williams CHR NAME MALCOLM. STEVEN J NAMÉ STREET ADDRESS STREET ADDRESS ONE WILLIAMS CENTER TULSA. OK 74172 CITY-ST-ZIP CITY-ST-ZIF **TULSA OK 74172** TITLE ☐ Change ☐ Addition ☐ Delete Springer, Stephen R. SPRINGER, STEPHEN R NAME NAME STREET ADDRESS STREET ADDRESS ONE WILLIAMS CENTER Ove Williams CtR CITY-ST-7IP CITY-ST-7IP **TULSA OK 74172** TILLSA. OK 74172 ☐ Change ☐ Addition TITLE TITLE □ Delete EDWARDS, LEROY J NAME NAME STREET ADDRESS ONE WILLIAMS CTR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TULSA OK 74172** ☐ Addition ☐ Delete TITLE ☐ Change GEHRES, SHAWNA, L NAME NAME STREET ADDRESS ONE WILLIAMS CENTER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TULSA OK 74172 🔍 🥕 TITLE Delete TITLE Change ☐ Addition NAME BITTICK, MARY JANE NAME STREET ADDRESS STREET ADDRESS ONE WILLIAMS CENTER CITY-ST-ZIP **TULSA OK 74172** AT Change ☐ Addition ☐ Delete TITLE TITLE IVEY, JAMES G NAME NAME STREET ADDRESS STREET ADDRESS ONE WILLIAMS CENTER CITY-ST-ZIP CITY-ST-ZIP **TULSA OK 74172** 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR