

# 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F97000002597

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -8 PM 5:26

1. Entity Name

FINA NATURAL GAS COMPANY

Principal Place of Business

8000 LEGACY DRIVE  
PLANO TX 75024  
US

Mailing Address

P.O. BOX 2159  
DALLAS TX 75221  
US

2. Principal Place of Business

800 Gessner Street

3. Mailing Address

800 Gessner Street

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

Houston, TX

City & State

Houston, TX

4. FEI Number 75-2334559

Applied For

Not Applicable

Zip

77024

Country

Zip

77024

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200003851432--7

03/13/01 01121 002

City

\*\*\*300.00L\*\*\* 150.00

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NASH, EDWARD A	
STREET ADDRESS	7400 BREAKERS LANE	
CITY-ST-ZIP	PLANO TX 75025	
TITLE	VPGC	<input checked="" type="checkbox"/> Delete
NAME	GODFREY, CULLEN	
STREET ADDRESS	5308 BLACK HAWK	
CITY-ST-ZIP	PLANO TX 75093	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENDERSON, BRUCE	
STREET ADDRESS	8911 CLAYCO	
CITY-ST-ZIP	DALLAS TX 75243	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PETIT, GEOFFREY	
STREET ADDRESS	6605 ROLLING VISTA	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MIDDLETON, LINDA	
STREET ADDRESS	615 LAKESHORE DRIVE	
CITY-ST-ZIP	LITTLE ELM TX 75068	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PARKS, JAMES	
STREET ADDRESS	300 LEGACY DRIVE 1112	
CITY-ST-ZIP	PLANO TX 75023	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacques Lafond	
STREET ADDRESS	800 Gessner St., Suite 700	
CITY-ST-ZIP	Houston, TX 77024	
TITLE	D/P/COO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Mark Ingram	
STREET ADDRESS	800 Gessner Street, Suite 700	
CITY-ST-ZIP	Houston, TX 77024	
TITLE	D/VP/GC/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 Gessner Street, Suite 700	
CITY-ST-ZIP	Houston, TX 77024	
TITLE	C/I	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Craven	
STREET ADDRESS	800 Gessner Street, Suite 700	
CITY-ST-ZIP	Houston, TX 77024	
TITLE	AS/AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Oswald	
STREET ADDRESS	800 Gessner Street, Suite 700	
CITY-ST-ZIP	Houston, TX 77024	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean-Pierre Mateille	
STREET ADDRESS	800 Gessner Street, Suite 700	
CITY-ST-ZIP	Houston, TX 77024	

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 207, 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: *Gary M. Craven* Gary M. Craven

2/22/01

713-647-4011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/13/01