

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90042 008 ***150.00

DOCUMENT # P04532

1. Entity Name

NATURAL GAS ODORIZING, INC.

Principal Place of Business

Mailing Address

**5005 LBJ FREEWAY
 DALLAS TX 75244
 US**

**P.O. BOX 300
 ATTN: STATE TAX
 TULSA OK 74102-0300
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0120628**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

City

838088

FL

Zip Code

8. The above named entity submits this statement of its compliance with the requirements for changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

CERTIFIED MAIL # 838088
DATE MAILED MAR 22 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, J.T.	NAME	LORRAINE, RICHARD A.
STREET ADDRESS	3601 BECKER DR -	STREET ADDRESS	5005 LBJ FREEWAY
CITY-ST-ZIP	BAYTOWN-TX-	CITY-ST-ZIP	DALLAS TX
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOLE, KEITH C	NAME	
STREET ADDRESS	5005 LBJ FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERT, J R	NAME	
STREET ADDRESS	10889 WILSHIRE DR	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90024	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DAVID G	NAME	
STREET ADDRESS	110 WEST 7TH ST	STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRL, J. R	NAME	
STREET ADDRESS	5005 LBJ FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DONALD G	NAME	
STREET ADDRESS	110 WEST 7TH ST	STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74119	CITY-ST-ZIP	

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: *David G. Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Ross

3/14/00

Date

(918) 561-3497

Daytime Phone #

FILED