FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P22382** **(6)**

1. Corporation Name

COLONIAL PIPELINE COMPANY

Principal Place of Business	Mailing Address
% INCOME TAX SECTION 945 E PACES FERRY RD ATLANTA GA 30326-8108	% INCOME TAX SECTION 945 E PACES FERRY RD ATLANTA GA 30326-8108

3. Date Incorporated or Qualified	3a. Date of Last Report
01/03/1989	05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **58-0863362** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature required when this box is checked.) (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SCOTT, L.E.		12 NAME		
STREET ADDRESS	UNOCAL CORP., P.O. BOX 7600		13 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		14 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BRINKLEY, D.R.		22 NAME		
STREET ADDRESS	945 E PACES FERRY RD		23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LAUGHTON, R.W.		32 NAME		
STREET ADDRESS	MOBIL PIPE LINE CO.,3225 GALLOWS RD.		33 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA 22037		34 CITY-ST-ZIP		
TITLE	D	☑ DELETE	41 TITLE	V	☐ Change ☑ Addition
NAME	SHAMAS, J.E.		42 NAME	Yarborough, V.A.	
STREET ADDRESS	P.O. BOX 5568 N/A		43 STREET ADDRESS	945 E. Paces Ferry Rd.	
CITY-ST-ZIP	DENVER CO		44 CITY-ST-ZIP	Atlanta, GA 30326	
TITLE	T	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	NELSON, J B		52 NAME		
STREET ADDRESS	945 E PACES FERRY RD		53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		54 CITY-ST-ZIP		
TITLE	V	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	CRIDER, C. W.		62 NAME		
STREET ADDRESS	945 E PACES FERRY RD		63 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/22/96 (404) 841-2297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T.A. Nelson, Treasurer