

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



FILED
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DIVISION OF CORPORATIONS
SECRETARY OF STATE
95 JAN 26 PM 4:07

DOCUMENT # P22806 (4)
1. Corporation Name
BHP GAS MARKETING COMPANY

Principal Place of Business Mailing Address
1360 POST OAK BLVD., STE. 500 HOUSTON TX 77056 US
1360 POST OAK BLVD., STE. 500 HOUSTON TX 77056 US

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/31/1989 3a. Date of Last Report 02/08/1994
4. FBI Number 76-0226085 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
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	LOUGHRIDGE, DENNIS W
STREET ADDRESS	5320 TILBURY
CITY-ST-ZIP	HOUSTON TX
TITLE	V
NAME	JONES, JOHN E
STREET ADDRESS	3828 STOCKRIDGE
CITY-ST-ZIP	SUGARLAND TX
TITLE	VSD
NAME	PARKER, EDWIN W III
STREET ADDRESS	3114 BRIAR COURT
CITY-ST-ZIP	SUGARLAND TX
TITLE	VTD
NAME	JUSTUS, DENNIS E
STREET ADDRESS	22718 SPATSWOOD
CITY-ST-ZIP	KATY TX
TITLE	AS
NAME	BOWDEN, JON M
STREET ADDRESS	16209 CAPRI
CITY-ST-ZIP	HOUSTON TX
TITLE	AT
NAME	RORVIG, WILLARD E
STREET ADDRESS	7040 NAPIER LANE
CITY-ST-ZIP	HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Blair, E.A.	
1.3 STREET ADDRESS	1360 Post Oak Blvd., #500	
1.4 CITY-ST-ZIP	Houston, TX 77056-3020	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wasow, Peter C.	
4.3 STREET ADDRESS	1360 Post Oak Blvd., #500	
4.4 CITY-ST-ZIP	Houston, TX 77056-3020	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fox, Sharon S.	
5.3 STREET ADDRESS	1360 Post Oak Blvd., #500	
5.4 CITY-ST-ZIP	Houston, TX 77056-3020	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(9)(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 recorder 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 or in an attachment with an address.

SIGNATURE: Peter C. Wasow Peter C. Wasow, V/T/D 1/10/95 713-961-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #