

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000009968

Entity Name: KINDER MORGAN BULK TERMINALS LLC**Current Principal Place of Business:**1001 LOUISIANA STREET, SUITE 1000
HOUSTON, TX 77002**Current Mailing Address:**1001 LOUISIANA STREET, SUITE 1000
HOUSTON, TX 77002 US**FEI Number: 72-1073113****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 E PARK AVE, 2ND FLOOR
TALLAHASSEE, FL 32301 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name KINDER MORGAN, INC.
Address 1001 LOUISIANA STREET, SUITE 1000

City-State-Zip: HOUSTON TX 77002

Title PRESIDENT
Name SCHLOSSER, JOHN
Address 1001 LOUISIANA STREET, SUITE 1000

City-State-Zip: HOUSTON TX 77002

Title TREASURER, VP
Name ASHLEY, ANTHONY
Address 1001 LOUISIANA STREET, SUITE 1000

City-State-Zip: HOUSTON TX 77002

Title VP
Name STAAB, COREY
Address 1001 LOUISIANA STREET, SUITE 1000

City-State-Zip: HOUSTON TX 77002

Title SECRETARY, VP
Name FORMAN, ADAM
Address 1001 LOUISIANA STREET, SUITE 1000

City-State-Zip: HOUSTON TX 77002

Title ASST. SECRETARY
Name MCCORD, ERIC
Address 1001 LOUISIANA STREET, SUITE 1000

City-State-Zip: HOUSTON TX 77002

Title VP
Name MINTZ, JORDAN
Address 1001 LOUISIANA STREET, SUITE 1000

City-State-Zip: HOUSTON TX 77002

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM FORMAN**SECRETARY****04/27/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date