
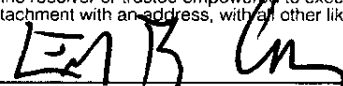


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90054 037 \*\*\*150.00

<b>DOCUMENT # 118973</b> 1. Entity Name <b>COASTAL FUEL MARKETING, INC.</b>			
Principal Place of Business <b>ATTN: ERIK B. CARLSON-GENERAL COUNSEL</b> <b>370 17TH STREET, SUITE 2750</b> <b>DENVER CO 80202</b> <b>US</b>		Mailing Address <b>P.O. BOX 5660</b> <b>DENVER CO 80217</b> <b>US</b>	
2. Principal Place of Business <b>1670 Broadway</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 3100</b>		Suite, Apt. #, etc.	
City & State <b>Denver, CO</b>		City & State	
Zip <b>80202</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>ANDERSON, DONALD</b> <input type="checkbox"/> Delete <b>1001 LOUISIANA STREET</b> <b>HOUSTON TX 77002</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1670 Broadway, Suite 3100</b> <b>Denver, CO 80202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO <b>DICKEY, WILLIAM S</b> <input type="checkbox"/> Delete <b>1001 LOUISIANA STREET</b> <b>HOUSTON TX 77002</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1670 Broadway, Suite 3100</b> <b>Denver, CO 80202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <b>LARSON, RANDALL J</b> <input type="checkbox"/> Delete <b>1001 LOUISIANA STREET</b> <b>HOUSTON TX 77002</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1670 Broadway, Suite 3100</b> <b>Denver, CO 80202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <b>OOI, CHEE S</b> <input type="checkbox"/> Delete <b>1001 LOUISIANA STREET</b> <b>HOUSTON TX 77002</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1670 Broadway, Suite 3100</b> <b>Denver, CO 80202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <b>POUND, GREGORY J</b> <input type="checkbox"/> Delete <b>1001 LOUISIANA STREET</b> <b>HOUSTON TX 77002</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Mansell Ct. East #600</b> <b>Roswell, GA 30076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <b>CARLSON, ERIK B</b> <input type="checkbox"/> Delete <b>1001 LOUISIANA STREET</b> <b>HOUSTON TX 77002</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1670 Broadway, Suite 3100</b> <b>Denver, CO 80202</b>
12. 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 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.			
<b>SIGNATURE:</b>  <b>Erik B. Carlson, Sr. Vice President</b> 1.29.04 303-626-8200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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MOORE CR2E034 (11/03)

4. FEI Number **59-0159910** Applied For  
Not Applicable

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