FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90099 018 ***150.00

DOCUMENT # 123155 CONSTAL TUG AND BARGE, INC. Principal Pace of Puriness 376 17TH STREET P. 0. 802 251 ATTH: CORPORATE INX HOUSTON, IX 77252-2511 US BENNER, CO 80202 US ATTH: CORPORATE INX HOUSTON, IX 77252-2511 US Suite, Apt J. etc. Suite, A	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBP)					
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STORT Process Proces	1. Entity Name	V		90084083		
Surtia, Apt. F. etc. Suitia, Apt. F. etc.	370 17TH STREET SUITE 2750	P.O. BOX 2511 ATTN: CORPORATE TAX	US			
City & State City & State Country Co	2. Principal Place of Business	1 4 -	•0 _			
TO COUNTY PO COU	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
So Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent The 2DOS S, Pins Elsa ADD ROAD PLANTATION, FL 33324 City FL Zip Code 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 Fortica. I am familiar with, and accept the origination of registered agent. SIGNATURE Full Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Residence agent. FULL Provide FEE S 910 00 After May 1 2000 5 Pins Bull Providence agent. FULL Provide FEE S 910 00	City & State			50 0450040		
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Total S. Pille ISLAND ROAD PLANTATION, FL 33324 Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. SIGNATURE T. Purson, the first interest agent. D. Election Campaign Financing Trust Fund Contribution. D. Addition Campaign Financing Trust Fund Contribution. SEC ATTRICAL Campaign Financing Trust Fund Contribution. D. Pricers And Discords State 10. OFFICERS AND DISCORDS 10. ADDITIONS/CHANGES TO OFFICERS AND ENECTORS IN 11 NAME EADS, RALPH NAME EADS, RALPH NAME EADS, RALPH NAME SINTH, CLARK C SINTH ADDITIONS/CHANGES TO OFFICERS AND ENECTORS IN 11 TILL D. P. Thiele D. Change T. Purson T. Purs	Zip Country	Zip C		5 Certificate of Status Desired \$8.75 Additional		
STOR A PLANTATION, FL 33324 Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Number Is Not Acceptable) Street Address (P.O. Box Number Is Number Is Not Acceptable) Street Address (P.O. Box Number Is Number Is Not Acceptable) Street Address (P.O. Box Number Is Number Is Not Acceptable In It Is Number Is Number Is Number In Is Number Is Number Is Number Is Number Is Number Is Number Is Numbe	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the colligations of registered agent. SIGNATURE Superior Proceed Proceed Proceed Proceed Proceed Proceed Proceed Proceded Proceed Proceded Pro	1200 S. PINE ISLAND ROAD			P.O. Box Number Is Not Acceptable)	_	
The coligations of registered agent. SIGNATURE Signature Type of the property of the page and Agent spatial Agent spatial agent and the Paysteck. FILE NOW! III FEE IS \$150.00 After, May 1, 12003 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 1 TIRE CFOD EADS, RALPH 1001 LOUISIANA ST BEEL ADDRESS CITY-S1-2P HOUSTON, TX 77002 TIRE COO HOUSIANA STREET HOUSTON, TX 77002 TIRE COO HOUSTON, TX 77009 TIRE SY HOUSTON, TX 77009 TIRE SY BY CHANGES CITY-S1-2P HOUSTON, TX 77002 CITY-S1-2P TIRE SY SIREST ADDRESS CITY-S1-2P TIRE SY SIREST ADDRESS CITY-S1-2P TIRE SY SY CITY-S1-2P TIRE SY SIREST ADDRESS CITY-S1-2P TIRE SY SY CITY-S1-2P TIRE SY SY CITY-S1-2P TIRE SY SY CITY-S1-2P TIRE SY SIREST ADDRESS CITY-S1-2P TIRE SY SIREST ADDRESS CITY-S1-2P TIRE SY SIREST ADDRESS CITY-S1-2P TIRE SY SY SY SY SY SY SY SY SY S		,	City	FL Zip Code		
FILE NOWIII FEE IS \$150.00 After May 17 2003 FEE WIII by \$550.00 See WIII by \$550.00		r the purpose of changing its regi	stered office or registe	red agent, or both, in the State of Florida. I am familiar with, and acc	ept	
### After May 1 2003 Fee will be \$55.00 May Be Make Cheef Payable to Floride Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CFOD	SIGNATURE Signature, typand or primard name of registered agents.	multim il applicable. (NOTE: Peg	isseed Agentsiyaasse eeqiire	J when reinstating) DATE		
TITLE CFOD EADS, RALPH STREET HOUSTON, TX 77002 CRY-ST-ZIP TITLE DP SMITH, CLARK C STREET ADDRESS CRY-ST-ZIP TITLE COO HOLMES, JOHN B JR STREET HOUSTON, TX 77002 CRY-ST-ZIP TITLE COO HOLMES, JOHN B JR STREET HOUSTON, TX 77002 CRY-ST-ZIP TITLE SV CRISTON, TX 77019 CRY-ST-ZIP TITLE SV CRISTON, TX 77002 CRY-ST-ZIP TITLE SVCF CRY-ST-ZIP HOUSTON, TX 77002 CRY-ST-ZIP LAMBER ADDRESS CRY-ST-ZIP	After May 1, 2003 Fee will be \$550.00	i State				
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TITLE COO GENERAL TOTALS COO GEN	NAME SMITH, CLARK C STREET ADDRESS 1001 LOUISIANA STREET		NAME STREET ADDRESS	☐ Change ☐ Add	CRZ	
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NAME GRUALVA, NORBERT R STREET ADDRESS 1001 LOUISIANA STREET CITY-S1-2P HOUSTON, TX 77002 12 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(31). Exciting Stated as I further certify that the information	NAME HARRISON, JOHN L STREET ADDRESS 1001 LOUISIANA STREET		NAME STREET ADDRESS	☐ Change ☐ Add	ition	
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). Florida Statutes. I further certify that the information	MAINE GRIJALVA, NORBERT R STREET ADDRESS 1001 LOUISIANA STREET	1	NAME STREET ADDRESS	☐ CiteInge ☐ Add	tion	
indicated on this report or supplemental report is that 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 appears, with all other like empowered. SIGNATURE: **THE B. Corporation** **THE B. Corpor	12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an appliess, very changed.	true and accurate and that my significant as re whired to execute this report as re an at other like empowered.	gnature shall have the s equired by Chapter 607	same legal effect as if made under oath; that I am an officer or direct , Florida Statutes; and that my name appears in Block 10 or Block 1	or 1 if	

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COASTAL TUG AND BARGE, INC. DOCUMENT #123155

ADDRESS FOR ALL OFFICERS AND DIRECTORS 370 17th STREET, SUITE 2750, DENVER, CO 80202

OFFICERS:

TITLE:

Donald H. Anderson

Chief Executive Officer

William S. Dickey

President and Chief Operating Officer

Randall J. Larson

Executive Vice President, Controller and Treasurer

Gregory J. Pound

Executive Vice President

Erik B. Carlson

Senior Vice President, General Counsel and Secretary

Rodney R. Hilt

Senior Vice President, Administration

Craig P. Hall

Assistant Secretary

BOARD OF DIRECTORS:

Cortlandt S. Dietler - Chairman Donald H. Anderson William S. Dickey