FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **396749** **(4)**

1. Corporation Name
FIVE FLAGS PIPE LINE COMPANY

Principal Place of Business	Mailing Address
5489 WOODBINE RD. PACE FL 32571 US	500 RENAISSANCE CENTER DETROIT MI 48243 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/02/1972	05/01/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **63-0649392** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, NATHAN 5489 WOODBINE RD. PACE FL 32571	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	11 TITLE	☒ Change ☐ Addition
NAME	CORDES, JAMES F	12 NAME	
STREET ADDRESS	500 RENAISSANCE CENTER	13 STREET ADDRESS	Nine Greenway Plaza
CITY-ST-ZIP	DETROIT MI 48243	14 CITY ST ZIP	Houston TX 77046
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, NATHAN	22 NAME	
STREET ADDRESS	3733 CORNERBROOK DR.	23 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	24 CITY ST ZIP	
TITLE	VAT	31 TITLE	☐ Change ☐ Addition
NAME	BUTTON, FRED	32 NAME	
STREET ADDRESS	P.O. BOX 1000, STATION M N/A	33 STREET ADDRESS	
CITY-ST-ZIP	CALGARY, ALBERTA T2P 4K5	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	O'TOOLE, AUSTIN M	42 NAME	
STREET ADDRESS	NINE GREENWAY PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77046	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	GALLIA, JAY L	52 NAME	
STREET ADDRESS	NINE GREENWAY PLAZA	53 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX 77046	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	COUPER, GAVIN J	62 NAME	
STREET ADDRESS	P.O. BOX 1000, STATION M N/A	63 STREET ADDRESS	
CITY-ST-ZIP	CALGARY, ALBERTA T2P 4K5	64 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 119.07(3)(i), 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: _____ Austin M. O'Toole Secretary 04-28-95 (713) 877-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

046063 FP