

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

1-2

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT #**  
1. Corporation Name

39674A

**FIVE FLAGS PIPE LINE COMPANY**

Principal Place of Business  
4111 E. 37th St. N.  
Wichita, KS 67220

Mailing Address  
4111 E. 37th St. N.  
Wichita, KS 67220

3. Date Incorporated or Qualified: 03/02/1972  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business  
21 4111 E. 37th St. N.

2a. Mailing Address  
26 4111 E. 37th St. N.

4. FEI Number: 63-0649392  
Applied For: Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State: Wichita, KS

28 City & State: Wichita, KS

6. Election Campaign Financing Trust Fund Contribution:   
\$5.00 May Be Added to Fees

24 Zip: 67220  
25 Country:

29 Zip: 67220  
30 Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1220 S. Pine Island RD.  
Plantation, FL 33324

10. Name and Address of New Registered Agent  
81 Name: CT CORPORATION SYSTEM  
82 Street Address (P.O. Box Number is Not Acceptable): 1220 S. Pine Island Road  
83  
84 City: Plantation FL 85 Zip Code: 33324

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

Signature typed or printed name of registered agent and state if applicable

(Note: Registered Agent signature required when resigning)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	COMPLETE LIST ATTACHED
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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\*\*\*200.00

4-29-96  
JP

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)(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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gordon E. Hartwig*

Gordon E. Hartwig  
Asst. Treasurer-Tax

4-23-96

316-828-5170

CR2E034 (12/95)

04/22/96

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Officers and Directors

Five Flags Pipe Line Company

Directors

Director

Name

Paul W. Brooks

B. R. Caffey

C. C. McCampbell

Officers

President

Name

Tim O'Sullivan

Vice President

Larry Lafferty

Secretary

William Pitcher

Assistant Secretary

David Martin

Treasurer

Nancy J. Smith

Assistant Treasurer

F. Lynn Markel

Darryl Graham

Assistant Treasurer - Tax

Paul (Gene) E. Nold

Gordon Hartwig

Business Address

4111 E. 37th St. N.  
Wichita, KS 67220