


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 396749 (4) 1. Corporation Name FIVE FLAGS PIPE LINE COMPANY			
Principal Place of Business 4111 E. 37TH ST. N. WICHITA KS 67220 US		Mailing Address 4111 E. 37TH ST. N. WICHITA KS 67220-3203 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 03/02/1972		3a. Date of Last Report 04/29/1996	
4. FEI Number 63-0649392		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
12. COMPLETE LIST ALL OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BROOKS, PAUL W		
STREET ADDRESS	4111 E 37TH ST. N		
CITY - ST - ZIP	WICHITA KS 67220		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	CAFFEY, B.R.		
STREET ADDRESS	4111 E 37TH ST. N.		
CITY - ST - ZIP	WICHITA KS 67220		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	MCCAMPBELL, C.C.		
STREET ADDRESS	4111 E 37TH ST. N.		
CITY - ST - ZIP	WICHITA KS 67220		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	O'SULLIVAN, TIM		
STREET ADDRESS	4111 E 37TH ST. N.		
CITY - ST - ZIP	WICHITA KS 67220		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	LAFFERTY, LARRY		
STREET ADDRESS	4111 E 37TH ST. N.		
CITY - ST - ZIP	WICHITA KS 67220		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	PITCHER, WILLIAM		
STREET ADDRESS	4111 E 37TH ST. N.		
CITY - ST - ZIP	WICHITA KS 67220		
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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do 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 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: _____		Gordon E. Hartwig Asst. Treasurer-Tax 4/12/97 316-828-5170	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)

04/15/97

Officers and Directors

Five Flags Pipe Line Company

Directors

Director

Name

Paul W. Brooks

B. R. Caffey

Mark Wolff

Officers

President

Name

Tim O'Sullivan

Vice President

Larry Lafferty

Secretary

H. Allan Caldwell

Assistant Secretary

David Martin

William Pitcher

Nancy J. Smith

Treasurer

F. Lynn Markel

Assistant Treasurer

Darryl Graham

Assistant Treasurer - Tax

Paul (Gene) E. Nold

Gordon Hartwig

BUSINESS ADDRESS:

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