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 PM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **818308** **(9)**

1. Corporation Name

CENTRAL FLORIDA PIPELINE CORPORATION

Principal Place of Business	Mailing Address
500 W. MONROE ST. 120 S. RIVERSIDE PLAZA, P O BOX 6080 CHICAGO IL 60661-3676 US	500 W. MONROE ST. 120 S. RIVERSIDE PLAZA, P O BOX 6080 CHICAGO IL 60661-3676 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1964	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1084277	☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No	

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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	☐ Change ☐ Addition
NAME	BLAKE, C.J.	1.2 NAME	
STREET ADDRESS	500 WEST MONROE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 76	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GLASSER, J J	2.2 NAME	
STREET ADDRESS	500 WEST MONROE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	LEE, R.L.	3.2 NAME	
STREET ADDRESS	500 W MONROE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☒ Change ☐ Addition
NAME	~~RUSIN, ALAN~~	4.2 NAME	MUCKIAN, WILLIAM M.
STREET ADDRESS	500 WEST MONROE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDRUKAITIS, A. J.	5.2 NAME	
STREET ADDRESS	500 WEST MONROE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 76	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	☒ Change ☐ Addition
NAME	~~CLAYPOOLE, ROBERT E.~~	6.2 NAME	CHLEBOWSKI, JOHN F.
STREET ADDRESS	500 WEST MONROE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 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: _____ WILLIAM M. MUCKIAN 4/20/95 (312) 621-6408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0966014 CP