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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90015 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840667

1. Corporation Name
CHEVRON NATURAL GAS SERVICES, INC.

Principal Place of Business
**575 MARKET ST.
SAN FRANCISCO CA 94105**

Mailing Address
**225 BUSH ST
ROOM 1207
SAN FRANCISCO CA 94104
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/17/1978

4. FEI Number
51-0269422

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

575 Market Street

27

Suite, Apt. #, etc.
Room 2648

28

City & State
San Francisco, CA

29

Zip
94105

Country

30

U.S.

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	JONES, J. H JR.	
STREET ADDRESS	225 BUSH ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNN, D.R.	
STREET ADDRESS	935 GRAVIER STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70112	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEVENSON, D.R.	
STREET ADDRESS	103 MCKINNEY	
CITY-ST-ZIP	HOUSTON TX 77010	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMAY, D.P.	
STREET ADDRESS	2005 DIAMOND BLVD.	
CITY-ST-ZIP	CONCORD CA 94520	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBINSON, L D	
STREET ADDRESS	1301 MCKINNEY	
CITY-ST-ZIP	HOUSTON TX 77010	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BREBER, P R	
STREET ADDRESS	6001 BOLLINGER CANYON ROAD	
CITY-ST-ZIP	SAN RAMON CA 94583	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1301 McKinney
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBISON, L D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BARNHILL, D C
6.3 STREET ADDRESS	1301 McKinney
6.4 CITY-ST-ZIP	Houston, TX 77010

14. I 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, with all other like empowered.

SIGNATURE:

C. M. MacFarlane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 25 1999

Date

415-894-7700

Daytime Phone #

CR2E034 (1/198)