DOUGUNEENT # 0000000 000000000000000000000000000000000000	2	007 FOR PROFI	T CORPORA REPORT	TION	A	F pr 30, Secret	`ILED 2007 8:(ary of St)0 am	
Principal Place of Business - No P.O. Box # Suite. Apr. #. ftc: Suite. Apr. #. ft: Suite. Apr. #. ft: Suite. Apr. #. ft: Sui	1. Entity Nam	e	INC.			04-30-2007			
Suide. Apr. 4, etc. Suide. Apr. 4, etc. 01092007 Chop.P CR2E034 (12/08) City & State City & State 4. FEI humber 95.3543920 Applied Next Applied 95.3543920 Next Applied Next Applied 95.3543920 Next Applied Next Applied 95.3543920 Next Applied Next Applied 95.3543920 Zio Country Zio Country State 1. Nerve and Address of Current Registered Agent Next Applied 76. Nerve Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 Street Address of Nerve Registered Agent Nerve Registered Agent Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) PL Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) PL Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) PL Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) DAT Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) DAT Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) DAT Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) DAT Street May 1, 2007 For Will be Street Address P	5005 LBJ FR	EEWAY	P O BOX 300 ATTN: STATE TAX	US	CERTIFIL DATE MA	100			
City & Stele Only & State Only & State Applied Zip Country Zip Country Zip Country State 95-3543320 Mark and Market and Country State 95-3543320 Market and Status Desired 95-3543320 Market and Status Desired 95-3543320 State State 95-3543320 Market and Status Desired 95-3543320 State State<	2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address						
Zip Country Zip Country 95-3543920 Text here is the engineering free frequired 2/p Country 2/p Country 6. Certificate of Status Desired Image: Status Desired Imag	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01092007	Chg-P	CR2E034 (12/06))	
	City & State	9	City & State					Applied For Not Applicable	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 Name Street Address (P.O. Box Number is Not Acceptable) FL PLANTATION, FL 33324 Street Address (P.O. Box Number is Not Acceptable) B. The above named entity submits this statement for the ourpose of changing is registered agent, or both, in the State of Forda. 1 am familier with, and a the obligations of registered agent. Tell PL SIGMATURE Stock Approximation of registered agent. Bite The great Aper sectors and provide a monotone or equilated agent and the isotocide If the manual provide agent and the isotocide SIGMATURE Stock Approximation or registered agent. If the momentage agent and the isotocide If the momentage agent and the isotocide If the momentage agent and the isotocide SIGMATURE Stock Approximation or registered agent. If the momentage agent agent and the isotocide If the momentage agent agen	Zip	Country	Zip	Country	5. Certificate	of Status Desired			
1200 SOUTH PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Fter Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named anily submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam flamilar with, and a me obligations of registered agent. DME Site Now Its basic or enterformed ingent program of the state agent of the state of Florida. Tam flamilar with, and a me obligations of registered agent. INTE INCLUENT Colspan="2">INTE Colspan="2" INTE Colspan="2">INTE Colspan="2" INTE Col		6. Name and Address of Curren	t Registered Agent	Name	7. Name and	Address of New	Registered Agent		
B. The above named entity submits this statement for the purpose of changing its registered alloce or registered agent, or both, in the State of Florida. Tam familiar with, and a the obligations of registered agent. SiGNATURE SurveyL, typed or initiat are inguisted agent and its abactable (NOTE Registered Agent Electure required internation) DATE SurveyL, typed or initiat are inguisted agent and its abactable (NOTE Registered Agent Electure required internation) DATE SurveyL, typed or initiat are inguisted agent and its abactable (NOTE Registered Agent Electure required internation) DATE SurveyL, typed or initiat are inguisted agent and its abactable (NOTE Registered Agent Electure required internation) DATE SurveyL, typed or initiat are inguisted agent and its abactable (NOTE Registered Agent Electure required internation) DATE SurveyL, typed or initiat are inguisted agent and its abactable (NOTE Registered Agent Electure required internation) DATE SurveyL, typed or initiat are inguisted agent and its abactable (NOTE Registered Agent Electure required internation) DATE SurveyL, typed or initiat are inguisted agent and its abactable (Note Registered Agent Electure required internation) DATE VPL VPA VPL VPA VPT VPA	1200 SOUTH PINE ISLAND RD.								
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and a the obligations of registered agent. SIGNATURE Signature Signature Atter May 1, 2007 Fee will be \$550.00 Image: State of Florida. Tam familiar with, and a manufacture resulted with interstance) DATE Atter May 1, 2007 Fee will be \$550.00 Image: State of Florida. Tam familiar with, and a manufacture resulted with interstance) DATE Image: State of Florida. Tam familiar with, and a manufacture resulted with interstance) DATE VPL Atter May 1, 2007 Fee will be \$550.00 Image: State of Florida. Tam familiar with, and a manufacture resulted with interstance) Diff. PL State of Florida. Tam familiar with, and a manufacture result of the interstance of manufacture results of florida. Tam familiar with, and a manufacture result of the interstance of manufacture results of florida. Tam familiar with, and a manufacture result of the interstance of manufacture results of florida. Tam familiar with, and a manufacture result of the interstance of manufacture results of florida. Tam familiar with, and a manufacture results of florida. Tam familiar with, and a manufacture results of florida. Tam familiar with, and a manufacture results of florida. Tam familiar with, and a manufacture results of florida. Tam familis manufacture results of florida. Tam familiar with, and a manufac				City			FI Zip Co	de	
Signature, typed or primed name of instances apper and line appear and line appeares line appeare line appears line appears lin appeare l	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
Attor May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. Make XELSON, JR., CARL J Debe ITLE D. STRET ADDRESS 5005 LBJ FREEWAY STRET ADDRESS Soc S LBJ FREEWAY Change D. STRET ADDRESS 5005 LBJ FREEWAY STRET ADDRESS Soc S LBJ FREEWAY Change D. TILE VPAS DALLAS, TX Change TTLE D.A.LAS, TX Change D.A.LAS, TX TILE VPAS DALLAS, TX Change TTLE D.A.LAS, TX Change D.A.LaS, TX TILE VPAS ITLE ITLE Change D.A.LAS, TX STRET ADDRESS <		Signature, typed or printed name of registered ager	t and litle if applicable. (NOT	rE: Registered Agent signati	re required when reinstating)	I	DATE		
TITLE VPL Image I		ay 1, 2007 Fee will be \$550	.00 Trust Fund Con	tribution.	Added to Fees				
NAME AXELSON, JR., CARL J NAME S. Chuck Anderson STRET ADDRESS 5005 LBJ FREEWAY STRET ADDRESS S. Chuck Anderson STRET ADDRESS DALLAS, TX CIT-S1-2P Dallas, TX TILE VPAS Delete TITE NAME PETERSON, LINDA STRET ADDRESS CIT-S1-2P STRET ADDRESS 10889 WILSHIRE BLVD. STRET ADDRESS CIT-S1-2P TITLE VPT Delete TITE NAME NAME HAVERT, J. R. STRET ADDRESS CIT-S1-2P Change / STRET ADDRESS 10889 WILSHIRE BLVD STRET ADDRESS CIT-S1-2P Change / NAME HAVERT, J. R. STRET ADDRESS STRET ADDRESS CIT-S1-2P Change / TITLE AS IDElete TITE NAME Change / NAME PARISE, S. P STRET ADDRESS STRET ADDRESS Change / / STRET ADDRESS 10889 WILSHIRE BLVD STRET ADDRESS CIT-S1-2P Cohange / / NAME EGERR, DANIELLE NAME STR					PD	•	Change		
NAME PETERSON, LINDA NAME STREET ADDRESS 10889 WILSHIRE BLVD. STREET ADDRESS ITTLE VPT Delete TITLE NAME HAVERT, J. R. Delete TITLE STREET ADDRESS 10889 WILSHIRE BLVD STREET ADDRESS Change ITTLE VPT Delete TITLE NAME HAVERT, J. R. STREET ADDRESS Change ////////////////////////////////////	STREET ADDRESS	5005 LBJ FREEWAY	,	STREET ADDRESS	B. Chuck A 5005 LBJ				
ITILE VPT Delete ITILE Change / NAME HAVERT, J. R. NAME STREET ADDRESS 10889 WILSHIRE BLVD STREET ADDRESS CITY-ST-2IP LOS ANGELES, CA CITY-ST-2IP Change / ITITLE AS Delete ITILE Change / NAME STREET ADDRESS 10889 WILSHIRE BLVD STREET ADDRESS Change / STREET ADDRESS 10889 WILSHIRE BLVD STREET ADDRESS CTY-ST-2IP Change / ITILE AT Delete TITLE CTY-ST-2IP Change / ITILE AT Delete TITLE Change / / NAME EGERER, DANIELLE NAME STREET ADDRESS Change / / STREET ADDRESS 10889 WILSHIRE BLVD STREET ADDRESS CDange / / ITILE AS Delete TITLE NAME Change / / MAME STREET ADDRESS 10889 WILSHIRE BLVD STREET ADDRESS CTY-ST-ZIP Change / /	NAME STREET ADDRESS	PETERSON, LINDA 10889 WILSHIRE BLVD.	Delete	NAME STREET ADDRESS			Change	🔲 Addition	
NAME PARISE, S. P NAME STREET ADDRESS 10889 WILSHIRE BLVD STREET ADDRESS CITY - S1 - ZIP LOS ANGELES, CA CITY - S1 - ZIP ITILE AT Delete TITLE NAME EGERER, DANIELLE ITILE Change STREET ADDRESS 10889 WILSHIRE BLVD STREET ADDRESS CITY - S1 - ZIP ITILE AS ITILE NAME STREET ADDRESS 10889 WILSHIRE BLVD STREET ADDRESS CITY - S1 - ZIP LOS ANGELES, CA CITY - S1 - ZIP ITILE AS ITILE ITILE NAME ROSS, DAVID G STREET ADDRESS CITY - S1 - ZIP ITILE AS IDelete TITLE IChange ////////////////////////////////////	NAME STREET ADDRESS	VPT HAVERT, J. R. 10889 WILSHIRE BLVD	Delete	NAME STREET ADDRESS			Change	Addition	
NAME EGERER, DANIELLE NAME STREET ADDRESS 10889 WILSHIRE BLVD STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA CITY-ST-ZIP ITTLE AS IDelete NAME ROSS, DAVID G NAME STREET ADDRESS 110 WEST 7TH STREET IDelete CITY-ST-ZIP TULSA, OK STREET ADDRESS 110 WEST 7TH STREET STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10	NAME STREET ADDRESS	PARISE, S. P 10889 WILSHIRE BLVD	Delete	NAME STREET ADDRESS			Change	Addition	
NAME ROSS, DAVID G STREET ADDRESS 110 WEST 7TH STREET CITY-ST-ZIP TULSA, OK 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all-other like empowered.	NAME STREET ADDRESS	EGERER, DANIELLE 10889 WILSHIRE BLVD	Delete	NAME STREET ADDRESS			Change	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or dir 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 10 or Block changed, or on an attachment with an address, with el-other like empowered.	NAME Street address	ROSS, DAVID G 110 WEST 7TH STREET	Delete	NAME STREET ADDRESS			Change	Addition	
SIGNATURE: SIGNATURE-ND TYPED OR JENTED NAME OF SIGNING OFFICER OR DIRECTOR	indicated of the cor changed	I on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that powered to execute this repor , with al-gher like empowered	my signature shall h t as required by Cha d.	ave the same lenal effe	ct as it made unde	er oath: that I am an offici	er or director	

ATTACHMENT 400,89262 # Suwannee River Chartering, Inc. - R000303 LIST OF DIRECTORS AND OFFICERS AS OF 04-18-2007

Principal Business Purpose: Construction, financing, chartering and operation of oceangoing chemical carriers

DIRECTORS	TITLES	CITY	
B. Chuck Anderson	Director	Dallas, TX	
Scott A. King	Director	Dallas, TX	
Dennis Blake	Director	Dallas, TX	

_OFFICERS

.

B. Chuck Anderson	President	Dallas, TX
Dennis Blake	Sr. Vice President	Dallas, TX
J. R. Havert	Vice President and Treasurer	Los Angeles, CA
Scott A. King	Vice President and Secretary	Dallas, TX
Stacy L. Palmatary	Vice President	Dallas, TX
Linda S. Peterson	Vice President	Los Angeles, CA
	Assistant Secretary	-
Danielle Egerer	Assistant Treasurer	Los Angeles, CA
Michael P. Miller	Assistant Treasurer	Los Angeles, CA
Donald G. Jackson	Assistant Secretary	Tulsa, OK
Marc J. Kennedy	Assistant Secretary	Dallas, TX
Stephen P. Parise	Assistant Secretary	Los Angeles, CA
David G. Ross	Assistant Secretary	Tulsa, OK
5005 LBJ Freeway	Dallas, TX 75244	Ł
10889 Wilshire Blvd.	Los Angeles, CA 90024	
110 West 7th Street	Tulsa, OK 74119)

. _ - - --