

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017288 AT

DOCUMENT # B01000000287

Entity Name

EL PASO MERCHANT ENERGY, L.P.

02 JUN -3 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1001 LOUISIANA STREET  
HOUSTON TX 77002

Mailing Address

1001 LOUISIANA STREET  
HOUSTON TX 77002

2. Principal Place of Business

1001 Louisiana St.

3. Mailing Address

P.O. Box 2511

Suite, Apt. #, etc.

ATTN: Corporate Tax

Suite, Apt. #, etc.

ATTN: Corporate Tax

City & State

Houston, TX

City & State

Houston, TX

Zip

77002

Country

USA

Zip

77252-2511

Country

USA

4. FEI Number

63-1173389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$137,299.00

10. Amount of Capital Contributions  
in FLORIDA to date.

-0-

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F01000004483  
NAME EL PASO MERCHANT ENERGY COMPANY  
STREET ADDRESS 1001 LOUISIANA STREET  
CITY-ST-ZIP HOUSTON TX 77002

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME

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CITY-ST-ZIP

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Donna D. Kollar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02

Date

(713) 420-2600

Daytime Phone #

CR2E003 (9/01)