

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000355**

1. Entity Name

NALCO/EXXON ENERGY CHEMICALS, L.P., LIMITED PART

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 2: 23



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business 7701 HIGHWAY 90-A SUGAR LAND TX 77478	Mailing Address 7701 HIGHWAY 90-A SUGAR LAND TX 77478-2121
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 76-0444295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$340,932.00	10. Amount of Capital Contributions in FLORIDA to date. 344,901	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	F94000004538 NALCO/EXXON ENERGY CHEMICALS, INC. 7701 HIGHWAY 90-A SUGAR LAND TX 77478
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	FF \$526.25
STREET ADDRESS	
CITY - ST - ZIP	600003243976 -- 6 05/09/00 -- 01026 -- 019
STREET ADDRESS	****526.25 ****526.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: **SIGNATURE REQUIRED** 04/25/2000 (360) 305-1294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF - E013 (9/17)