

2001 UNIFORM BUSINESS REPORT (UBR)

0019044 AB

DOCUMENT # B94000000355

1. Entity Name

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

FILED

01 APR 27 PM 4:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



MJH

Principal Place of Business
7701 HIGHWAY 90-A
SUGAR LAND TX 77478

Mailing Address
7701 HIGHWAY 90-A
SUGAR LAND TX 77478

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 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (NOT Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$344,901.00**

10. Amount of Capital Contributions in FLORIDA to date. **374,616**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F94000004538**
NAME **NALCO/EXXON ENERGY CHEMICALS, INC.**
STREET ADDRESS **7701 HIGHWAY 90-A**
CITY-ST-ZIP **SUGAR LAND TX 77478**

STREET ADDRESS
CITY-ST-ZIP **200004191982--8
-05/09/01--01132--038
*****526.25 *****526.25**

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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: *Jon Michael Murr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/20/01 (630) 305-1294
Date Daytime Phone #

CR2E003 (11/00)