

2002 UNIFORM BUSINESS REPORT (UBR)

0017288 AT

DOCUMENT # B98000000653

1. Entity Name
PLAINS MARKETING, L.P.

FILED

02 MAY -3 AM 11:08

Principal Place of Business
500 DALLAS, STE 700
HOUSTON TX 77002

Mailing Address
500 DALLAS, SUITE 700
HOUSTON TX 77002

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
333 Clay Street
Suite, Apt. #, etc.
Ste. 2900

3. Mailing Address
333 Clay Street
Suite, Apt. #, etc.
Ste. 2900

DUE BY MAY 1, 2002

City & State
Houston, TX

City & State
Houston, TX

4. FEI Number 76-1587115

Applied For
Not Applicable

Zip 77002 Country Harris

Zip 77002 Country Harris

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

DATE

9. Capital Contributions as Shown on record. \$0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F98000006259
NAME PLAINS ALL AMERICAN INC.
STREET ADDRESS 500 DALLAS, SUITE 700
CITY-ST-ZIP HOUSTON TX 77002

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME Plains Marketing GP Inc.
STREET ADDRESS 333 Clay Street, Ste. 2900
CITY-ST-ZIP Houston, TX 77002

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Tim Moore, Sec for

4-27-02

713/646-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)