
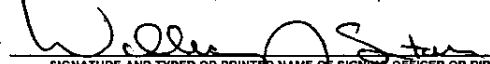


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90982 040 ***150.00

DOCUMENT # F00000003219					
1. Entity Name CENTERPOINT ENERGY PIPELINE SERVICES, INC.					
Principal Place of Business 1111 LOUISIANA HOUSTON, TX 77002			Mailing Address PO BOX 4567 HOUSTON, TX 77210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, BYRAN		NAME	KELLEY, BYRAN	
STREET ADDRESS	1111 LOUISIANA		STREET ADDRESS	1111 LOUISIANA	
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP	HOUSTON, TX 77002	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, WALTER L		NAME		
STREET ADDRESS	1111 LOUISIANA		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, MARK		NAME		
STREET ADDRESS	1111 LOUISIANA		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, KENNETH		NAME		
STREET ADDRESS	1111 LOUISIANA		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESTE, JAMES		NAME	Douglas H. Darrow	
STREET ADDRESS	1111 LOUISIANA		STREET ADDRESS	1111 Louisiana	
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP	Houston, TX 77002	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	STARR, WILLIAM J.	
STREET ADDRESS			STREET ADDRESS	1111 LOUISIANA	
CITY-ST-ZIP			CITY-ST-ZIP	HOUSTON, TX 77002	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/21/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
William J. Starr, VP-Tax					