
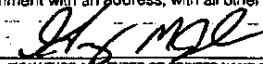


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90195 048 \*\*\*150.00

<b>DOCUMENT # F00000003539</b>			
1. Entity Name <b>ENRON ALLIGATOR ALLEY PIPELINE COMPANY</b>			
Principal Place of Business <b>1400 SMITH STREET HOUSTON, FL 77002</b>		Mailing Address <b>1650 HWY 6 STE 100 SUGAR LAND, TX 77478</b>	
2. Principal Place of Business <b>1221 Lamar</b>		3. Mailing Address <b>PO Box 1155</b>	
Suite, Apt. #, etc. <b>Suite 1600</b>		Suite, Apt. #, etc.	
City & State <b>Houston TX</b>		City & State <b>Houston TX</b>	
Zip <b>77010</b>	Country <b>USA</b>	Zip <b>77251</b>	Country
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP DOWD, STEPHEN D 1400 SMITH STREET HOUSTON, FL 77002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>To Be Named</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI CONNOR, ERIC 1400 SMITH STREET HOUSTON, FL 77002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director Cline, K. Wade 1221 Lamar, Suite 1600 Houston TX 77010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOLER, LOU 1400 SMITH STREET HOUSTON, FL 77002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS STOLER, LOU 1400 SMITH STREET HOUSTON, FL 77002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PINDER, LORI 1400 SMITH STREET HOUSTON, FL 77002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Gregory M. Apke Attorney in Fact 4/20/04 (231) 563-7905	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66424842



04142004 Chg-P CR2E034 (10/03)

4. FEI Number  
**76-0651800** Applied For  
Not Applicable

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