20000030 CORPORA Williams Midstream Marketing and Risk Management, Inc. *****70.00 *****70.00 BK () Merger (X) Profit () Amendment () Nonprofit (X) Foreign () Dissolution/Withdrawal () Mark () Reinstatement () Other () Limited Partnership () Annual Report ()LLC () Name Registration () Change of RA () Fictitious Name () UCC () CUS () Certified Copy () Photocopies () Call When Ready () Call If Problem () After 4:30 (x) Pick Up (x) Walk In () Will Wait () Mail Out 6/17/02 Order#: Name Availability Document Examiner Ref#: Updater ____ Verifier W.P. Verifier Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Williams Mid	stream Marketing and	Risk Management, Inc.				m C	20
(Name of corp words or abbre	oration; must include t	he word "INCORPORA in language as will clean contained in the name	TED", "COMP			STI.TE SLORIDA	PH 1: 57
Delaware	···		3. <u>04-3678352</u>		<u> </u>	·	
(State or coun	try under the law of wh	nich it is incorporated)		(FEI numb	per, if applicable)	
06/06/2002			5. Perpetual			_	
(Da	te of incorporation)		(Duration:	Year corp. wi	ll cease to exist o	or "perpetu	al")
06/30/2002				-			<u>-</u>
(Date first trans		da. If corporation has a SEE SECTIONS 607.15				qualification	on.")
0 1111111	·		01, 00.12002 w	,	,		
One Williams	Center, Tulsa, OK 74	(Principal office a	idress)				
		(Zermespini enames e	,				
same		(Current mailing a	idress)				-
		(Carrier Izaning a					
	narketing, trading and	risk management of mi	dstream commo	dities.		· .	
		risk management of mi orized in home state or	·		ate of Florida)	· · ·	
(Purpose	e(s) of corporation auth		country to be ca	arried out in sta		ptable)	
(Purpose	e(s) of corporation auth	orized in home state or	country to be ca	arried out in sta		ptable)	
(Purpose Name and st	c(s) of corporation authoreet address of Flor	orized in home state or rida registered agen	country to be ca	arried out in sta		ptable)	
(Purpose Name and st	e(s) of corporation auth	orized in home state or rida registered agen	country to be ca	arried out in sta		ptable)	
(Purpose Name and st	c(s) of corporation authoreet address of Flor	orized in home state or rida registered agen	country to be ca	arried out in sta		ptable)	——————————————————————————————————————
(Purpose Name and st	e(s) of corporation authoreet address of Flor C T Corporation Syst 1200 South Pine Islan	orized in home state or rida registered agen em nd Road	country to be ca	arried out in sta	Box <u>NOT</u> acce	ptable)	
(Purpose Name and st Name: ffice Address: Registered aving been na	e(s) of corporation authoreet address of Florence CT Corporation System 1200 South Pine Islam Plantation (City agent's acceptance and as registered agented agent agent as the corporation authoreet agent a	orized in home state or rida registered agentem and Road	country to be can be caused the cause of process	da 33324 (Zip cod	Box NOT acce	oration at	
(Purpose Name and st Name: ffice Address: O. Registered aving been nawing been nawing the story the reference to	e(s) of corporation authoreet address of Florance CT Corporation System 1200 South Pine Islam Plantation (City agent's acceptance med as registered agis application, I here comply with the process.	orized in home state or rida registered agentement and Road	, Flori	da 33324 (Zip codes stered agent of the proper and	Box <u>NOT</u> acced to the stated corporate to acced to access to acc	oration at ct in this c	capacity.
(Purpose Name and st Name: ffice Address: Registered aving been na esignated in the other agree to attes, and I am	e(s) of corporation authoreet address of Flor C T Corporation Syst 1200 South Pine Islan Plantation (City agent's acceptances med as registered as is application, I here comply with the pro- familiar with and a	orized in home state or rida registered agentem and Road gent and to accept service accept the appoint accept the obligations corporation System	, Flori	da 33324 (Zip codes see proper and a registered	Box NOT acce le) ve stated corpo and agree to a complete perf ed agent.	oration at ct in this c	capacity.
(Purpose Name and st Name: ffice Address: O. Registered aving been na esignated in the orther agree to uties, and I am	e(s) of corporation authoreet address of Flor C T Corporation Syst 1200 South Pine Islan Plantation (City agent's acceptances med as registered as is application, I here comply with the pro- familiar with and a	orized in home state or rida registered agentem and Road gent and to accept see by accept the appoint of all statute accept the obligations	, Flori	da 33324 (Zip codes see proper and a registered	Box NOT acce le) ve stated corpo and agree to a complete perf ed agent.	oration at ct in this c	capacity.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

FL019 - 1/23/02 C T Filing Manager Online

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:		
A. DIRECTORS SEE ATTACHMENT	02	
Chairman: Phillip D. Wright	F	
Address: One Williams Center		
Tulsa, OK 74172	ST 0 0	
Vice Chairman:	EST -	
Address:	Sim 3	म् अ ल ङ
Director: Alan S. Armstrong		
Address: One Williams Center		_ • •
Tulsa, OK 74172		
Director: Steven J. Malcolm		, · ·
Address: One Williams Center	- :	· · · · · · · · · · · · · · · · · · ·
Tulsa, OK 74172		16 <u>.</u>
B. OFFICERS SEE ATTACHMENT		
President: Phillip D. Wright		
Address: One Williams Center		. 0
Tulsa, OK 74172		
Vice President: Alan S. Armstrong		=
Address: One Williams Center		-
Tulsa, OK 74172		· #-
Secretary: Suzanne H. Costin	· - · ·	
Address: One Williams Center Tulsa, OK 74172		
Treasurer: Mary Jane Bittick		.
Address: One Williams Center Tulsa, OK 74172	Mariana da mariana da	
NOTE: If necessary, you may attach an addendum to the application listing additional officers are	, 4	 :
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	application)	
14. Suzanne H. Costin, Secretary	· · · · · · · · · · · · · · · · · · ·	·
(Typed or printed name and capacity of person signing application)		

Attachment to Florida

Application By Foreign Corporation for Authorization to Transact Business In Florida

~ 000	0	T.	4
Officers	X7	I DYY'C	MINTO
OHILLEIS	•		

Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:

City: State: ZIP Code:

2. Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:

City: State: ZIP Code:

3. Full Name:
Officer/Director:
Officer's Title:
Business Address:

City: State: ZIP Code:

4. Full Name:
Officer/Director:
Officer's Title:
Business Address:
City:

City: State: ZIP Code:

5. Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:

ZIP Code:

Phillip D. Wright Officer, Director

Chairman of the Board, President & C

Chairman

One Williams Center

Tulsa OK 74172

> Alan S. Armstrong Officer, Director Vice President Other Director One Williams Center

Tulsa OK 74172

Mary Jane Bittick

Officer

Controller & Treasurer One Williams Center

Tulsa OK 74172

Suzanne H. Costin

Officer Secretary

One Williams Center

Tulsa OK 74172

Steven J. Malcolm

Director

Other Director

One Williams Center

Tulsa OK 74172

Delaware The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE DELAWARE, DO HEREBY CERTIFY "WILLIAMS MIDSTREAM MARKETING AND RISK MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2002.

CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,



Harriet Smith Windsor, Secretary of State

3533415 8300

AUTHENTICATION: 1828544

DATE: 06-13-02 020380539