

MAIL THIS ORIGINAL

2004 FOR PROFIT CORPORATION
ANNUAL REPORTFILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90163 022 ***150.00

DOCUMENT # F03000002671

1. Entity Name
PXP GULF COAST INC.Principal Place of Business
500 DALLAS STREET, SUITE 700
ATTN: TIMOTHY STEPHENS
HOUSTON, TX 77002Mailing Address
500 DALLAS STREET, SUITE 700
ATTN: TIMOTHY STEPHENS
HOUSTON, TX 770022. Principal Place of Business
700 MILAM3. Mailing Address
700 MILAMSuite, Apt. #, etc.
SUITE 3100Suite, Apt. #, etc.
SUITE 3100

04262004

Chg-P

CR2E034 (10/03)

City & State
HOUSTON, TXCity & State
HOUSTON, TXZip
77002Country
USZip
77002Country
US

4. FEI Number

01-0770800

Applied For

Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, JAMES C 500 DALLAS STREET, SUITE 700 HOUSTON, TX 77002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEES, JERRY L 500 DALLAS STREET, SUITE 700 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELIMITROS, TOM H 500 DALLAS STREET, SUITE 700 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEEBACK, CYNTHIA A 500 DALLAS STREET, SUITE 700 HOUSTON, TX 77002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THORINGTON, STEPHEN A 500 DALLAS STREET, SUITE 700 HOUSTON, TX 77002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENS, TIMOTHY T 500 DALLAS STREET, SUITE 700 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO FLORES, JAMES C. 700 MILAM STE 3100 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO RAYMOND, JOHN T. 700 MILAM STE 3100 HOUSTON, TX 77002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOMBWELL, JOHN F. 700 MILAM STE 3100 HOUSTON, TX 77002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEEBACK, CYNTHIA A 700 MILAM STE 3100 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO THORINGTON, STEPHEN A 700 MILAM STE 3100 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLADNEY, THOMAS M. 700 MILAM STE 3100 HOUSTON, TX 77002	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 8322396018