FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000980 (3)**

1. Corporation Name

CALUMET FLORIDA, INC.

Principal Place of Business	Mailing Address
1600 SMITH ST STE/ 1500 HOUSTON TX 77002 US	1600 SMITH ST. STE 1500 HOUSTON TX 77002 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/22/1993**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **35-1880416** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the date of signature (if filing Registered Agent's resignation required after termination)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	T ☐ Change ☐ Addition
NAME	ARMSTRONG, GREG L	12 NAME	CYNTHIA A. FEEBACK
STREET ADDRESS	1600 SMITH STREET, SUITE 1500	13 STREET ADDRESS	1600 SMITH STREET, SUITE 1500
CITY ST ZIP	HOUSTON TX 77002	14 CITY ST ZIP	HOUSTON, TX 77002
TITLE	D	21 TITLE	S ☐ Change ☐ Addition
NAME	EGG, WILLIAM C JR	22 NAME	CHRISTOPHER N. KENNEDY
STREET ADDRESS	1600 SMITH STREET, SUITE 1500	23 STREET ADDRESS	1600 SMITH STREET, SUITE 1500
CITY ST ZIP	HOUSTON TX 77002	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, MICHAEL R	32 NAME	
STREET ADDRESS	1600 SMITH STREET, SUITE 1500	33 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX 77002	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MCCARROLL, G.M.	42 NAME	
STREET ADDRESS	1600 SMITH STREET, SUITE 1500	43 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX 77002	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	KRAMER, PHILLIP D	52 NAME	
STREET ADDRESS	1600 SMITH STREET, SUITE 1500	53 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	WHITAKER, MICHAEL K	62 NAME	
STREET ADDRESS	1600 SMITH STREET	63 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX 77002	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x Cynthia A Feeback CONTROLLER/TREASURER x 5/1/95 713-654-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472063 FP