2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # F9300000980 CALUMET FLORIDA, INC. 01-25-2000 90120 013 ***150.00 Principal Place of Business Mailing Address 500 DALLAS, STE 700 500 DALLAS, STE 700 HOUSTON TX 77002-4804 HOUSTON TX 77002 [[0010488 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 35-1880416 Not 4,... Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE HALL-CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ■ Addition TITLE Delete TITLE Director ARMSTRONG, GREG L NAME Greg L. Armstrong STREET ADDRESS STREET ADDRESS 500 DALLAS, STE. 700 500 Dallas, Ste. 700 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77002** <u> Houston, Texas 77002</u> ☐ Change X Addition TITLE President TITLE ☐ Delete MAYNARD, GREGG R NAME NAME Phil E. Hart STREET ADDRESS STREET ADDRESS 500 Dallas, Ste. 700 500 DALLAS, STE, 700 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** Houston, Texas 77002 ☐ Change (X) Addition TITLE VSD ☐ Delete TITLE Treasurer PATTERSON; MICHAEL R NAME NAME Cynthia A. Feeback STREET ADDRESS STREET ADDRESS 500 DALLAS, STE 700 500 Dallas, Ste. 700 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77002** Houston, Texas 77002 ☐ Change ☐ Addition TITLE Delete TITLE NAME MCCARROLL, G.M. NAME STREET ADDRESS STREET ADDRESS 1600 SMITH STREET, SUITE 1500 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77002** ☐ Addition □ Delete TITLE Change TITLE NAME KRAMER, PHILLIP D STREET ADDRESS STREET ADDRESS 500 DALLAS, STE. 700 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** X Delete ☐ Change Addition TITLE NAME WHITAKER, MICHAEL K STREET ADDRESS 1600 SMITH STREET STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77002 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE