

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90242 005 ***150.00

DOCUMENT # F94000000457

1. Corporation Name

SAN GABRIEL ENERGY COMPANY

Principal Place of Business

**18101 VON KARMAN AVENUE
SUITE 1700
IRVINE CA 92612-1046
US**

Mailing Address

**18101 VON KARMAN AVENUE
SUITE 1700
IRVINE CA 92612-1046
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1994

4. FEI Number

33-0375548

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVS** ☐ DELETE
NAME **SPIKES, MARTHA A**
STREET ADDRESS **18101 VON KARMAN AVE. #1700**
CITY-ST-ZIP **IRVINE CA**

TITLE **DP** ☒ DELETE
NAME **NELSON, GEORGIA R.**
STREET ADDRESS **18101 VON KARMAN AVE., STE 1700**
CITY-ST-ZIP **IRVINE CA**

TITLE **D** ☒ DELETE
NAME **S. LINN WILLIAMS**
STREET ADDRESS **18101 VON KARMAN AVE. #1700**
CITY-ST-ZIP **IRVINE CA**

TITLE **DVS** ☐ DELETE
NAME **SPIKES, MARTHA A**
STREET ADDRESS **18101 VON KARMAN AVE #1700**
CITY-ST-ZIP **IRVINE CA 92612**

TITLE **DV** ☐ DELETE
NAME **GILLESPIE, PAUL R**
STREET ADDRESS **18101 VON KARMAN AVE #1700**
CITY-ST-ZIP **IRVINE CA 92612**

TITLE **DVT** ☒ DELETE
NAME **GRONVOLD, DEBORAH L**
STREET ADDRESS **18101 VON KARMAN AVE #1700**
CITY-ST-ZIP **IRVINE CA 92612**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **James V. Iaco, Jr.**
2.3 STREET ADDRESS **18101 Von Karman Avenue, #1700**
2.4 CITY-ST-ZIP **Irvine, CA 92612-1046**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Raymond W. Vickers**
3.3 STREET ADDRESS **18101 Von Karman Avenue, #1700**
3.4 CITY-ST-ZIP **Irvine, CA 92612-1046**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D/V/T**
6.3 STREET ADDRESS **Kevin M. Smith**
6.4 CITY-ST-ZIP **18101 Von Karman Avenue, #1700**
Irvine, CA 92612-1046

14. 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 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, with all other like empowered.

SIGNATURE:

Martha A. Spikes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha A. Spikes

4/22/99

949/798-7895

Date

Daytime Phone #

CR2E034 (11/98)

537887-90042-5
F9400000457
~~537887~~

ATTACHMENT TO FLORIDA CORPORATION ANNUAL REPORT-1999

San Gabriel Energy Company

Document Number: P94000000457

Item 12 continued: (Names and Street Addresses of Each Officer and Director)

<u>Title</u>	<u>Name</u>	<u>Business Address</u>	<u>City/State/Zip</u>
D	Raymond W. Vickers	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
D/P	James V. Iaco, Jr.	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
D/V	Paul R. Gillespie	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
D/V/T	Kevin M. Smith	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
D/V/S	Martha A. Spikes	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
V	Lori L. Garrett	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
V	Mark E. Irwin	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
V	Dennis R. Mielke	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
Asst. S	Michelle J. Johnson	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612

Legend

V =	Vice President
Asst. T =	Assistant Treasurer
Asst. S =	Assistant Secretary
AGC =	Assistant General Counsel
T =	Treasurer
S =	Secretary
D =	Director
GC =	General Counsel
P =	President