

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 90052 040 ***150.00

DOCUMENT # F94000005020

1. Corporation Name

NATURAL GAS PIPELINE COMPANY OF AMERICA

Principal Place of Business

**370 VAN GORDON STREET
LAKEWOOD CO 80228
US**

Mailing Address

**370 VAN GORDON ST
P.O. BOX 281304
LAKEWOOD FL 80228
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1994

4. FEI Number

36-1535060

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 **370 Van Gordon Street**

22 City & State

27 **PO Box 281304**

23 Zip Country

28 **Lakewood, CO**

24 Zip Country

29 **80228-8304** 30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **PD** ☒ DELETE
NAME **RIORDAN, JOHN F**
STREET ADDRESS **701 EAST 22ND STREET**
CITY-ST-ZIP **LOMBARD IL**

TITLE **SVP** ☒ DELETE
NAME **DOUBRAVA, CHARLES E**
STREET ADDRESS **701 EAST 22ND STREET**
CITY-ST-ZIP **LOMBARD IL**

TITLE **PD** ☒ DELETE
NAME **RIORDAN, JOHN F**
STREET ADDRESS **701 EAST 22ND STREET**
CITY-ST-ZIP **LOMBARD IL**

TITLE **P** ☒ DELETE
NAME **RIORDAN, JOHN F**
STREET ADDRESS **370 VAN GORDON ST**
CITY-ST-ZIP **LAKEWOOD CO 80228**

TITLE **VP** ☒ DELETE
NAME **DOUBRAVA, CHUCK**
STREET ADDRESS **370 VAN GORDON ST**
CITY-ST-ZIP **LAKEWOOD CO 80228**

TITLE **VP** ☐ DELETE
NAME **MCELLIGOTT, JAMES J**
STREET ADDRESS **370 VAN GORDON ST, P.O. BOX 281304**
CITY-ST-ZIP **LAKEWOOD LC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, COO & Director** ☒ Change ☐ Addition
1.2 NAME **H. Rickey Wells**
1.3 STREET ADDRESS **370 Van Gordon Street**
1.4 CITY-ST-ZIP **Lakewood, CO 80228**

2.1 TITLE **Vice President, Secretary** ☒ Change ☐ Addition
2.2 NAME **Martha B. Wyrsh**
2.3 STREET ADDRESS **370 Van Gordon Street**
2.4 CITY-ST-ZIP **Lakewood, CO 80228**

3.1 TITLE **Director** ☒ Change ☐ Addition
3.2 NAME **Larry D. Hall**
3.3 STREET ADDRESS **370 Van Gordon Street**
3.4 CITY-ST-ZIP **Lakewood, CO 80228**

4.1 TITLE **Director** ☒ Change ☐ Addition
4.2 NAME **Clyde E. McKenzie**
4.3 STREET ADDRESS **370 Van Gordon Street**
4.4 CITY-ST-ZIP **Lakewood, CO 80228**

5.1 TITLE **Vice President, Treasurer** ☒ Change ☐ Addition
5.2 NAME **Rose Robeson**
5.3 STREET ADDRESS **370 Van Gordon Street**
5.4 CITY-ST-ZIP **Lakewood, CO 80228**

6.1 TITLE **Senior Vice President** ☐ Change ☐ Addition
6.2 NAME ***correction**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **Lakewood, CO 80228**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/99

Date

(800) 525-3752

Daytime Phone #

CR2E034 (11/98)