

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F95000004194**1. Entity Name
WILLIAMS ENERGY MARKETING & TRADING COMPANY

Principal Place of Business	Mailing Address
ONE WILLIAMS CENTER	P.O. BOX 2848
TULSA OK	TAX DEPT. (MD 19-5)
74172	TULSA OK
	741019567 US

2. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
ONE WILLIAMS CENTER
41-3

Suite, Apt. #, etc.

City & State

City & State

TULSA

OK

Zip

Country

Zip

Country

74172

US

4. FEI Number
73-1423657

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD**PLANTATION**
33324

US

FL

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.

SIGNATURE _____ **03/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VD	☐ Delete
NAME	JONES II H D	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK	

TITLE	VD	☒ Change ☐ Addition
NAME	SUNDERMAN ANDREW D	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	V	☐ Delete
NAME	SELMAN MICHAEL L	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	VD	☒ Change ☐ Addition
NAME	SELMAN MICHAEL L	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	S	☐ Delete
NAME	GAMMIE JOHN C	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CT	☐ Delete
NAME	MARC S. GENTNER	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK	

TITLE	AT	☒ Change ☐ Addition
NAME	EDWIN K. SOOK	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	V	☐ Delete
NAME	MITCHELL CALLIE J	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Delete
NAME	HOBBS WILLIAM E	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. GAMMIE

S

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)