

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004745 (4)

1. Corporation Name

MILLER PIPELINE CORPORATION

Principal Place of Business

8850 CRAWFORDVILLE RD
INDIANAPOLIS IN 46234

Mailing Address

PO BOX 34141
INDIANAPOLIS IN 46234-0141

FILED
May 12 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
09/29/1995

3a. Date of Last Report
04/24/1996

4. FEI Number
35-1959522

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

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	MILLER, DON 8850 CRAWFORDVILLE RD INDIANAPOLIS IN 46234			
TITLE	COOP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	MILLER, DALE R 8850 CRAWFORDVILLE RD INDIANAPOLIS IN 46234			
TITLE	DST	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	BANNING, DOUGLAS S JR 8850 CRAWFORDVILLE RD INDIANAPOLIS IN 46234			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	MORRIS, JAMES T 1220 WATERWAY BLVD INDIANAPOLIS IN 46202			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	ROSENFIELD, J. A. 1220 WATERWAY BLVD INDIANAPOLIS IN 46202			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	BROYLES, JOSEPH R 1220 WATERWAY BLVD INDIANAPOLIS IN 46202			

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 317/293-0298
Daytime Phone #

0470468