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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # F9600006232 (0)

MAINGATE OPERATING CORPORATION

Pr	Principal Place of Business Mailing Address										• • • • • • • • • • • • • • • • • • • •		
	10777 WESTHEIMER. STE 1000 10777 WESTHEIMER. STE 100												
HOUSTON TX 77042 HOUSTON TX 77042										DO NOT WRIT	E IN THIS	SDACE	
İ										3. Date Incorporated or Qualified	E IIV IIIIQ	JI AUL	
										11/27/1996			
2.	Principal P	rincipal Place of Business 2a. Mailing Address								4. FEI Number			Applied For
21	•	26								76-0511428		<del></del>	Not Applicable
	Suite, Apt.	Suite, Apt. #, etc. Suito, Apt. #, etc.											Additional
22	27									5. Certificate of Status Desired	LJ	Fee !	berlupeF
	City & State C				City & State				6. Election Campaign Financing		\$5.0	May Be	
23					28					Trust Fund Contribution		Added	to Fees
Ц	Zip	Country Zip				<u></u> _ շօ	untry			8. This corporation owes or has p			
24						30	0			Personal Property Tax due Jur			□ No
			and Address of Cu	rrent Register	ed Agent		1-4			10. Name and Address of New R	egistered	Agent	
			ATION SYSTEM	_			81	Name					
			PINE ISLAND ROA	JD			82	Street	Addre	ss (P.O. Box Number is Not Accepta	ible)		
	PU	NOITATION	FL 33324										
Ì							83						
1							84	City		· · · · · · · · · · · · · · · · · · ·		<b>85</b> Zip	Code
·											FL	<b>-</b>	
11	. Pursuant	to the provis	sions of Sections 607.	0502 and 607.	1508, Florida Statut	above	-named	corpo	oration submits this statement for the	purpose o	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 a agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												is registered	
SIGNATURE													
Signature typed or printed name of registured agent and title if applicable (NOTE. I							Registered Agent signature require		e required		DATE		55.01.45
12	·	PCD	OFFICERS	AND DIRECTO	DRS DELETE	13.			<del>,</del>	ADDITIONS/CHANGES TO OFF	CEHS AN		
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CIT	Y-ST-ZIP		<del> </del>			5.4 (	HTY-S	I - ZIP	<u> </u>				
TITL	E J				DELETE	6.1 T	ITLE					Change	Addition

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.