

Document Number Only  
**F960000006474**

C T CORPORATION SYSTEM  
Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, Florida 32301  
City State Zip Phone

200002027562--2  
-12/12/96--01081--009  
\*\*\*\*245.00 \*\*\*\*245.00

200002027562--2  
-12/12/96--01081--009  
\*\*\*\*70.00 \*\*\*\*70.00

**CORPORATION(S) NAME**

Coast Gas, Inc

- ☒ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☒ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Limited Liability Partnership  
☒ Certified Copy  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out
- ☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Annual Report  
☐ Reservation  
☐ Photo Copies  
☐ Call if Problem  
☐ Will Wait
- ☐ Merger  
☐ Mark  
☐ Other  
☐ Change of P.A.  
☐ Fictitious Name  
☒ CUS  
☐ After 4:30  
☒ Pick Up

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DIVISION OF CORPORATIONS  
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. Coast Gas, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. California  
(State or country under the law of which it is incorporated)
3. Applied For  
(FEC number, if applicable)
4. 8/11/55  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing.  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)
7. 432 Westridge Drive, Watsonville, CA 95076  
(Current mailing address)
8. To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of California and which is permitted under the Florida Business Corporation Act.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: C T Corporation System  
Office Address: 1206 Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: Jeffrey L. Girardes

(Registered Agent's signature)

Jeffrey L. Girardes / asst. Secy.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Exhibit A attached hereto.  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: See Exhibit A attached hereto.  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. R. J. Goodle  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14. Ronald J. Goodle Executive Vice President  
(Typed or printed name and capacity of person signing application)

**COAST GAS, INC.**

**Board of Directors:**

Keith G. Baxter  
Richard R. Crowell  
Richard K. Roeder  
Kurt Katz

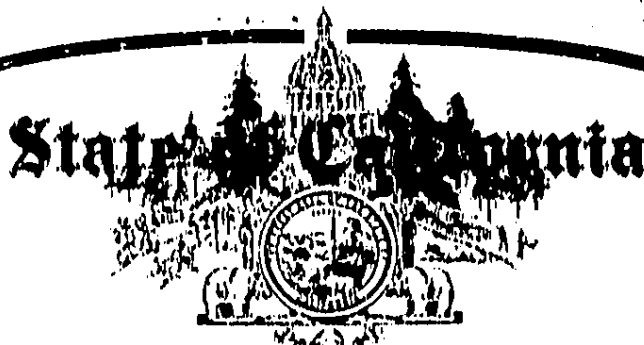
**Officers:**

Keith G. Baxter	Chairman, President and Chief Executive Officer
Charles J. Kittrell	Executive Vice President, Chief Operating Officer and Secretary
Ronald J. Goedde	Executive Vice President, Chief Financial Officer, Treasurer and Assistant Secretary
Vincent J. Di Cosimo	Senior Vice President
William L. Woods III	Vice President Acquisitions

The address of the above directors and officers is as follows:

432 Westridge Drive  
Watsonville, CA 95076

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## SECRETARY OF STATE

### CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 11th day of August, 19 55,

**COAST GAS, INC.**

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

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IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal of  
the State of California this day of

December 3, 1996.

*Bill Jones*

Secretary of State

Document Number Only

F96000006474

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COAST GAS, INC.

Changing Name to: Cornerstone Propane Co. P, Inc.

Name

Change  
Amend

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                | <input checked="" type="checkbox"/> Amendment   | <input type="checkbox"/> Merger                 |
| <input type="checkbox"/> NonProfit             |   |   |
| <input type="checkbox"/> Limited Liability Co. |   |   |
| <input type="checkbox"/> Foreign               | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                   |
| <input type="checkbox"/> Limited Partnership   | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Reinstatement         | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.         |
|  |   | <input type="checkbox"/> Fictitious Name Filing |
| <input type="checkbox"/> Certified Copy        | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                    |
| <input type="checkbox"/> Call When Ready       | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30             |
| <input checked="" type="checkbox"/> Walk In    | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> PICK UP     |
| <input type="checkbox"/> Mail Out              |   |   |

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Updater	ADH
Verifier	ADH
Acknowledgment	ADH
W.P. Verifier	ADH

5-1-97

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TALLAHASSEE, FLORIDA

## PROFIT CORPORATION

### APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

#### SECTION I

(1-3 must be completed)

1. Coast Gas, Inc.

Name of corporation as it appears on the records of the Department of State.

2. California

Incorporated under the laws of

3. December 11, 1996

Date authorized to do business in Florida

#### SECTION II

(4-7 complete only the applicable changes)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? December 16, 1996

5. Cornerstone Propane GP, Inc.

Name of corporation after the amendment, adding suffix "corporation", "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
New Duration

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
New Jurisdiction

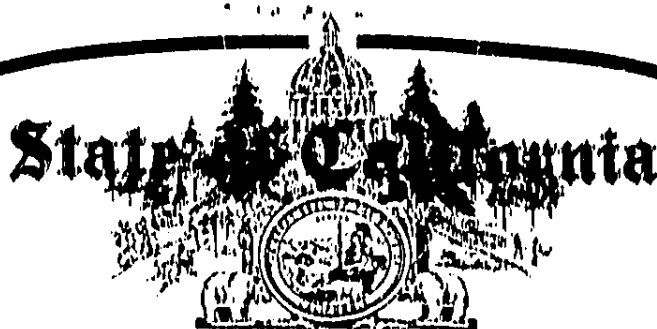
RJ Goedde  
Signature

Ronald J. Goedde  
Typed or printed name

March 24, 1997  
Date

Executive Vice President, CFO  
Title

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97 MAY -1 PM 3:43  
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TALLAHASSEE, FLORIDA



SECRETARY OF STATE

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 16th day of December, 1996,

there was filed in this office an amendment changing the corporation name from

COAST GAS, INC.

, a California corporation,

to CORNERSTONE PROPANE GP, INC.



IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this  
2nd day of April, 1997.

*Bill Jones*

Secretary of State



# STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: CORNERSTONE PROPANE L.P. EIN or SS#: 94-1316255

Address: 432 WEST RIDGE DR  
WATSONVILLE, CA 95076

Amount: \$550.00 Date Paid \_\_\_\_\_

Reason for claim: Report already Filed - F96000006474  
SP7 9/11/97

Certified true and correct this 7 day of SEPTEMBER, 19 97.

Signature [Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$	550.00
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. 98304-019	dated 09-08-97
Name of Account	
45202130001453000000000010000	
Statutory Authority for Collection	607
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	
452021300014530000000022002000	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	
(Agency)	(Authorized Signature and Title)