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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000006474

1. Corporation Name

CORNERSTONE PROPANE GP. INC.

Principal Place of Business	Mailing Address
600 MARKET STREET WEST HURON SD 57350	600 MARKET STREET WEST HURON SD 57350

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90161 034 ***150.00

COMMEN	DIONE THO ANE CIT, INC	"								
Principal Place	e of Business	Mailing Address								
600 MARKET STREET WEST 600 MARKET STREET WEST										,
HURON SD 57350 HURON SD 57350						DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed	THIS STACE			
						12/11/1996				
	(Declaration	2a Mailing Address				12/11/1390 4. FEI Number		Applied	d For	
-	lace of Business	2a. Mailing Address				94-1316255_		 	plicable	
21 Suite Ant	# ato	Suite, Apt. #, etc.					\$8.7	5 Addit		
Suite, Apt.	w, etc.	27				5. Certificate of Status Desired	Fe	e Requir	red	
City & State	Α	City & State	 -			6. Election Campaign Financing	\$5.	00 мау	v Be	
23	-	28				Trust Fund Contribution	•	ded to Fe		
Zip	Country	Zip	Co	ountry		8. This corporation owes the current ye	ear Intangible			
24	25	29	30			Personal Property Tax.	Yes		No	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Regis	ered Agent			
				81	Name					
	CORPORATION SYSTEM			82	Street Add	iress (P.O. Box Number is Not Acceptable)				
	SOUTH PINE ISLAND ROAD									
PLAI	ntation FL 33324			83					- 1	
				84	City		85	Zip Code	е —	
					•	,	FL "			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the	above	-named cor	poration submits this statement for the purpo ion's board of directors. I hereby accept the	ose of changing appointment a	g its regi is registe	istered ered	
Office of re	m familiar with, and accept the obliga	stions of Section 607 0505 F	lorido St	atutan	ine corpora.			-		
agent. ra	illi iaitilliai willi, and accopt the obliga	iliona or, occion cor loco, .	ionua Sia	atutes.						
	in taninal with and accept the ovings									
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Register	red Agen			RS AND DIRE	CTORS		6
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NO	TE: Register	red Agen		red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE			IN 12	44,000
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HURON SD 57350 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 of spran attachment with an address, with all other like empowered.

SIGNATURE: X

David A Monaghan

2-3-99

(605) 352-8411