

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 22 1998 8:00am
Secretary of State

DOCUMENT # F97000006047 (1)

1. Corporation Name

TRANSMONTAIGNE TERMINALING INC.

Principal Place of Business

PO BOX 1503
FAYETTEVILLE AR 72702

Mailing Address

PO BOX 1503
FAYETTEVILLE AR 72702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

71-0733121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CEOD
GATHRIGHT, RICHARD E
280 NORTH COLLEGE SUITE 500
FAYETTEVILLE AR 72701

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

COOP
CLYNCH, LARRY F
280 NORTH COLLEGE SUITE 500
FAYETTEVILLE AR 72701

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

EV
SIKORA, W A
280 NORTH COLLEGE SUITE 500
FAYETTEVILLE AR 72701

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VGCS
BOYD, JIM H
280 NORTH COLLEGE SUITE 500
FAYETTEVILLE AR 72701

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
COBB, DALE M
280 NORTH COLLEGE SUITE 500
FAYETTEVILLE AR 72701

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CAOV
PLESS, RODNEY S
280 NORTH COLLEGE SUITE 500
FAYETTEVILLE AR 72701

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

S
CARLSON, ERIK B.
370 17th Street, Suite 2750
Denver, Colorado 80202

☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

D
CLYNCH, LARRY F
280 North College, Suite 500
Fayetteville, Arkansas 72701

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

VGC
BOYD, Jim H.
280 North College, Suite 500
Fayetteville, Arkansas 72701

☒ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ 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.

SIGNATURE *F B C* 4-14-98

CR2E034 (10/97)