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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006047

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

2. Principal Place of Business 21 200 Mansell Court East Suite, Apt. #, etc. 22 600 City & State 23 Roswell GA Zip 24 30076		2a. Mailing Address 26 200 Mansell Court East Suite, Apt. #, etc. 27 600 City & State 28 Roswell, GA Zip 29 30076		3. Date Incorporated or Qualified 11/14/1997 4. FEI Number 71-0733121 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25 U.S.A.		Country 30 U.S.A.		Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	CEO
NAME	GATHRIGHT, RICHARD E	1.2 NAME	Gathright, Richard E.
STREET ADDRESS	280 NORTH COLLEGE SUITE 500	1.3 STREET ADDRESS	370 17th Street, Suite 2750
CITY-ST-ZIP	FAYETTEVILLE AR 72701	1.4 CITY-ST-ZIP	Denver, CO 80202
TITLE	D	2.1 TITLE	
NAME	CLYNCH, LARRY F	2.2 NAME	
STREET ADDRESS	280 NORTH COLLEGE SUITE 500	2.3 STREET ADDRESS	200 Mansell Court East Suite 600
CITY-ST-ZIP	FAYETTEVILLE AR 72701	2.4 CITY-ST-ZIP	Roswell, GA 30076
TITLE	EV	3.1 TITLE	
NAME	SIKORA, W A	3.2 NAME	
STREET ADDRESS	280 NORTH COLLEGE SUITE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE AR 72701	3.4 CITY-ST-ZIP	
TITLE	VGC	4.1 TITLE	
NAME	BOYD, JIM H	4.2 NAME	
STREET ADDRESS	280 NORTH COLLEGE SUITE 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE AR 72701	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	COBB, DALE M	5.2 NAME	
STREET ADDRESS	280 NORTH COLLEGE SUITE 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE AR 72701	5.4 CITY-ST-ZIP	
TITLE	CAOV	6.1 TITLE	
NAME	PLESS, RODNEY S	6.2 NAME	
STREET ADDRESS	280 NORTH COLLEGE SUITE 500	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE AR 72701	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine Harris
Jennifer I. May, Assistant Secretary

30 April 99

Date

(303) 626-8200

Daytime Phone #

CR2E034 (11/98)