

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 an
Secretary of State

02-08-2000 90131 030 ***150.00

DOCUMENT # F97000006047

1. Entity Name

TRANSMONTAIGNE TERMINALING INC.

Principal Place of Business

Mailing Address

200 MANSELL CT E
 600
 ROSWELL GA 30076

200 MANSELL CT E
 600
 ROSWELL GA 30076-4853

A0019471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PO Box 5660

Suite, Apt. #, etc.

City & State

City & State
 Denver, CO

4. FEI Number **71-0733121**

Zip

Country

Zip

Country

80217

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **CEOD** ☒ Delete
 NAME **GATHRIGHT, RICHARD E**
 STREET ADDRESS **370 17 ST, STE 5750**
 CITY-ST-ZIP **DENVER CO 80202**

TITLE **CEOD** ☒ Change ☒
 NAME **Donald H. Anderson**
 STREET ADDRESS **370 17th Street, Suite 2750**
 CITY-ST-ZIP **Denver, CO 80202**

TITLE **D** ☐ Delete
 NAME **CLYNCH, LARRY F**
 STREET ADDRESS **200 MANSELL CT E, STE 600**
 CITY-ST-ZIP **ROSWELL GA 30076**

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EV** ☒ Delete
 NAME **SIKORA, W A**
 STREET ADDRESS **280 NORTH COLLEGE SUITE 500**
 CITY-ST-ZIP **FAYETTEVILLE AR 72701**

TITLE **VSECGC** ☐ Change ☒
 NAME **Erik B. Carlson**
 STREET ADDRESS **370 17th Street, Suite 2750**
 CITY-ST-ZIP **Denver, CO 80202**

TITLE **VGC** ☐ Delete
 NAME **BOYD, JIM H**
 STREET ADDRESS **280 NORTH COLLEGE SUITE 500**
 CITY-ST-ZIP **FAYETTEVILLE AR 72701**

TITLE **VP** ☒ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **COBB, DALE M**
 STREET ADDRESS **280 NORTH COLLEGE SUITE 500**
 CITY-ST-ZIP **FAYETTEVILLE AR 72701**

TITLE **SV** ☒ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CAOV** ☐ Delete
 NAME **PLESS, RODNEY S**
 STREET ADDRESS **280 NORTH COLLEGE SUITE 500**
 CITY-ST-ZIP **FAYETTEVILLE AR 72701**

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Em B. Pless **REQD/Secretary/GC**

303-626-8200

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #