

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90054 006 \*\*\*150.00

0570666

**DOCUMENT # F97000006047**

1. Entity Name

**TRANSMONTAIGNE TERMINALING INC.**

Principal Place of Business

**200 MANSELL CT E  
600  
ROSWELL GA 30076**

Mailing Address

**PO BOX 5660  
600  
DENVER CO 80217**

2. Principal Place of Business

**370 17th Street**

Suite, Apt. #, etc.

**Suite 2750**

City & State

**Denver, CO**

Zip

**80202**

Country

**USA**

3. Mailing Address

**PO Box 5660**

Suite, Apt. #, etc.

**Denver, CO**

City & State

**Denver, CO**

Zip

**80217**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **71-0733121**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete  
NAME **ANDERSON, DONALD H**  
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 **VSEC** ☐ Delete  
NAME **CARLSON, ERIK B**  
STREET ADDRESS **370 17TH STREET SUITE 2750**  
CITY-ST-ZIP **DENVER CO 80202**

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME **P Larry F. Clunch**  
STREET ADDRESS **370 17th Street #2750**  
CITY-ST-ZIP **Denver, CO 80202**

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

TITLE ☐ Change ☒ Addition  
NAME **D Cortlandt S. Dietler**  
STREET ADDRESS **370 17th Street #2750**  
CITY-ST-ZIP **Denver, CO 80202**

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

TITLE ☐ Change ☒ Addition  
NAME **CAOV Rodney R. Hilt**  
STREET ADDRESS **370 17th Street #2750**  
CITY-ST-ZIP **Denver, CO 80202**

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Erik B. Carlson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Erik B. Carlson**

Date

**4.5.01**

Daytime Phone #

**(303)626-8200**

CR2E034 (10/00)