

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F9800001660

1. Corporation Name

FILED Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90002 009 ***150.00

MAYERIC	ok pipeline services, inc	<i>J</i> •					-				
							1	1 1001100 1110 (0101 1611) 0011		A BIARI KIRIN PINIT	BATTA BERT LEGEL
<u> </u>	·						4				
Principal Place	e of Business	Mailing Ad	dress)				
1016 ROUTE 33	EAST	1016 ROUTE									
FREEHOLD NJ 07728 FREEHOLD NJ 07728						DO NOT WRITE IN THIS SPACE					
{			•				13	Date incorporated or Qualif			
							"	03/24/1998	-		i
2 Principal P	lace of Business	2a. Mailing	Address				4.	FEI Number		- Ap	plied For
21	lace of Business	26	71001000				"	38-3385620	•		t Applicable
Suite, Apt.	# etc		Apt. #, etc.				┪			\$8.75 A	Additional
22	n, 010.	27	•,				5.	Certificate of Status Desired	i 🗆	Fee Re	
City & State City & State						6.	Election Campaign Financia	ng —	\$5.00	May Be	
23		28					-	Trust Fund Contribution	"9 🗆	Added to	
Zip	Country	Zip	-	Countr	y		8.	This corporation owes the o	current year in	tangible	
24	25	29	30	0				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered A	gent				10.	Name and Address of Ne	w Registered	Agent	
ſ	1. (4). (6.1)			81	II Na	ame					
C T CORPORATION SYSTEM				82	2 St	reet Addr	Address (P.O. Box Number is Not Acceptable)				
	SOUTH PINE ISLAND ROAD				1				<u> </u>		
PLANTATION FL 33324			83	3							
			84	I Ci	tv				85 Zip (Code	
Į .	4 32 4 6			İ	}	•			FL	- _	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	of Florida, Such	change was auth	iorized by	/the	med corp corporation	oration on's bo	n submits this statement for oard of directors. I hereby ac	the purpose of cept the appo	changing its intment as re	registered gistered
SIGNATURE											
<u></u>	Signature, typed or printed name of registered agent		. (NOTE: Re	agistered Age	ent sign	ature require		reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AL	ND DIRECTO	DS IN 12
12.	OFFICERS AN	DURECTORS	DELETE	13.	——			ADDITIONS/CHANGES TO	OFFICENS A	☐ Change	☐ Addition
TITLE			1.2 NAME)				<u></u>		
COM ADMAND OTTOTT OF F			1.3 STREE		DESC.						
STREET ADDRESS	MONROE LA		İ			NE33					
CITY-ST-ZIP TITLE	VTAS		DELETE	1.4 CITY-:						Change	Addition
	SIMS, LILLIAN K			2.2 NAME		ł				·	
NAME	1016 ROUTE 33 EAST	4		2.3 STREE		DE86 -					:
STREET ADDRESS	FREEHOLD NJ		i	2.4 CITY-	-	- 1					
CITY-ST-ZIP	S		DELETE	3.1 TITLE						☐ Change	Addition
NAME	ABBOTT, SHERRY L			3.2 NAME		-				_ •	_
STREET ADDRESS	405 WATER STREET			3,3 STREE		RESS		a .			
SIKEEI ADDKESS	DODT HUDON MI		i	I SA SEC	AT 710		1	4 All andrea	ATT	Acho -	/

PORT HURON MI CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE LEWIS, JERRY D 4. 2 NAME 3001 AMAND STREET, STE F 4,3 STREET ADDRESS STREET ADDRESS MONROE LA 4.4 CITY-ST-ZIP C(TY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME HWANG, M J 5.3 STREET ADDRESS 1016 ROUTE 33 EAST STREET ADDRESS 5.4 CITY-ST-ZIP FREEHOLD NJ CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE D ∂ Park in 6.2 NAME Johnson, William L 🗁

PORT HURON MI 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

405 WATER STREET

STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

Officers and Directors of Maverick Pipeline Services, Inc.

Addendum to Foreign Corporation Annual Report 244932-9002-F9800001660

Name: William L. Johnson Choose one or both: Address: City:	[] Officer [X] Director 405 Water Street Port Huron	(Title:)
State: Zip:	Michigan 48060		<u>·</u>
Name: Choose one or both:	Kurt A. Angermeier Officer X Director	(Title:)
Address: City: State: Zip:	405 Water Street Port Huron Michigan 48060		
Name: Choose one or both:	John E. Schneider [] Officer [X] Director	(Title:)
Address: City: State: Zip:	405 Water Street Port Huron Michigan 48060		
Name: Choose one or both:	Obie G. Sims [X] Officer [] Director	- (Title: Chief Executive Officer) (Choose one: [] Chairman [] Vice Chairman [] Other Director)	n managanan saman s
Address: City: State: Zip:	1016 Route 33 Eas Freehold New Jersey 07728	. ,	

244932-90002-9 F98000001660

Name: Choose one or both:	Jerry D. Lewis [X] Officer (Title: <u>President</u>) [] Director (Choose one: [] Chairman [] Vice Chairman [] Other Director)
Address: City: State: Zip:	3001 Armand Street, Ste. F Monroe Louisiana 71201
Name: Choose one or both:	Maw Jaw Hwang [X] Officer (Title: Senior Vice President) [] Director (Choose one: [] Chairman [] Vice Chairman [] Other Director)
Address: City: State: Zip:	1016 Route 33 East Freehold New Jersey 07728
Name: Choose one or both:	Randy A. Spence [X] Officer (Title: <u>Vice President, Engineering</u>) [] Director (Choose one: [] Chairman [] Vice Chairman [] Other Director)
Address: City: State: Zip:	3001 Armand Street, Ste. F Monroe Louisiana 71201
Name: Choose one or both:	Lilliam K. Sims [X] Officer (Title: Senior Vice President, Treasurer and Asst. Secretary) [] Director (Choose one: [] Chairman [] Vice Chairman [] Other Director)
Address: City: State: Zip:	1016 Route 33 East Freehold New Jersey 07728
Name: Choose one or both:	Sherry L. Abbott [X] Officer (Title: Secretary) [] Director (Choose one: [] Chairman [] Vice Chairman [] Other Director)
Address: City: State:	405 Water Street Port Huron Michigan 48060