## 2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # F9800001660  1. Entity Name  MAVERICK PIPELINE SERVICES, INC.  |   |   |   |                | Feb 07, 2000 8:00 am<br>Secretary of State<br>02-07-2000 90021 010 ***150.00 |  |                        |                     |
|---|---|---|---|----------------|--|--|------------------------|---------------------|
| Principal Place of Business<br>1016 ROUTE 33 EAST<br>FREEHOLD NJ 07728  |   | Mailing Address 1016 ROUTE 33 EAST FREEHOLD NJ 07728-8442 |   |                |  | B00151   | 41                     |                     |
| 2. Principal Place of Business  |   | 3. Mailing Address 405 Water Street                       |   |                | DO NOT WRITE IN THIS SPACE   |  |                        |                     |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                                       |   |                | DO NO.   | T WRITE IN THIS S  | PACE                   |                     |
| City & State  |   | City & State Port Huron, MI                               |   | <del></del>    | 4. FEI Number 38-3385620 Applied For Not Applicable                          |  |                        |                     |
| Zip   | Country   | Zip<br>48060  | Country<br>USA                            |                | 5. Certificate of Status Des   |  | 8.75 Add<br>ee Require | litional            |
|   | 6. Name and Address of Current I                          |   |   |                | 7. Name and Address of I   | New Registered A   | gent                   |                     |
| C T CORPORATION SYSTEM  |   |   |   | ame<br>        |  |  |                        |                     |
|   | SOUTH PINE ISLAND ROAD                                    | Street Address  |   | reet Address ( | (P.O. Box Number is Not Acceptable)  |  |                        |                     |
| PLAN  | ITATION FL 33324  |   |   |                |  |  |                        |                     |
|   |   |   | C   | ity            |  | FL   | Zip Code               | e                   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY 1, 2000 Make Check Payable |   |   | !! FEE IS :<br>00 Fee will<br>le to Depai | be \$550.00    | 10. Election Campai<br>Trust Fund Contr                                      | ribution. $\square$  | Added                  | O May Be<br>to Fees |
| TITLE   | OFFICERS AND I  | DIRECTORS Delete  | 12.<br>TITLE                              |                | ADDITIONS/CHANGES TO   | O OFFICERS AND   | DIRECTORS  [X] Change  | Addition            |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SPENCE, RANDY A<br>3001 ARMAND STREET, STE F<br>MONROE LA | Delete  | NAME<br>STREET AD                         | ***            | roe, LA 71201  |  |                        |                     |
| TITLE<br>NAME<br>STREET ADDRESS   | VTAS<br>SIMS, LILLIAN K<br>1016 ROUTE 33 EAST             | ☐ Cefete  | TITLE<br>NAME<br>STREET AD                | 1              | 1 11 11 07700  |  | X Change               | ☐ Addition          |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | FREEHOLD NJ<br>S<br>ABBOTT, SHERRY L<br>405 WATER STREET  | ☐ Delete  | TITLE NAME STREET AD                      | DRESS          | ehold, NJ 07728  | a and a second and a second as | X Change               | Addition            |
| CITY-ST-ZIP   | PORT HURON MI   | <del>                                      </del>         |   | Por            | t Huron, MI 48060  Z Change Addition   |  |                        |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | LEWIS, JERRY D<br>3001 AMAND STREET, STE F<br>MONROE LA   | ☐ Delete  | NAME STREET AD CITY-ST-2                  |                | l Armand Street,<br>roe, LA 71201  |  | Z¥ Unange              |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | V<br>HWANG, M J<br>1016 ROUTE 33 EAST<br>FREEHOLD NJ      | ☐ Delete  | TITLE NAME STREET AD CITY-ST-Z            | 1              | ehold, NJ 07728  |  | X Change               | Addition            |
| TITLE NAME STREET ADDRESS   | D<br>JOHNSON, WILLIAM L<br>405 WATER STREET               | ☐ Delete  | TITLE<br>NAME<br>STREET AD                | DRESS          |  |  | X Change               | Addition            |
| CITY-ST-ZIP   | PORT HURON MI   |   | CITY-ST-Z                                 | Port           | t Huron, MI 480  | 060  |                        |                     |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

( 24/00

(810) 987-2200

Daytime Phone #

FILED