

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90132 001 ***600.00

080611 AT

DOCUMENT # F98000001660

1. Entity Name

MAVERICK PIPELINE SERVICES, INC.

Principal Place of Business

Mailing Address

**2 NORTHPOINT DRIVE
 STE 300
 HOUSTON TX 77060**

**405 WATER STREET
 PORT HURON MI 48060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

38-3385620

Applied For

Not Applicable

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) **XX**

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SIMS, OBIE G 2 NORTHPOINT DRIVE STE 305 HOUSTON TX 77060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAO WARSINSKE, STEVEN W 405 WATER STREET PORT HURON MI 48060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABBOTT, SHERRY L 405 WATER STREET PORT HURON MI 48060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT NELSON, RONALD N 2 NORTHPOINT DRIVE STE 305 HOUSTON TX 77060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO BINGHAM, DAVID F 2 NORTHPOINT DRIVE STE 305 HOUSTON TX 77060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOHNSON, WILLIAM L 405 WATER STREET PORT HURON MI 48060	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SIMS, OBIE G. 2 NORTHPOINT DRIVE, SUITE 300 HOUSTON, TX 77060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, T, AO WARSINSKE, STEVEN W. 405 WATER STREET PORT HURON, MI 48060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VARNADO, KELLY L. 2 NORTHPOINT DRIVE, SUITE 300 HOUSTON, TX 77060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D PENDLETON, ARTHUR L. 5959 COMSTOCK PARK DRIVE COMSTOCK PARK, MI 49321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, COO BINGHAM, DAVID F. 2 NORTHPOINT DRIVE, SUITE 300 HOUSTON, TX 77060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JACKSON, MARCUS 28470 THIRTEEN MILE RD., SUITE 300 FARMINGTON HILLS, MI 48334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Required
Steven W. Warsinske
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(810) 987-2200

CR2E034 (9/01)