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Jun 18, 1999 8:00 am  
Secretary of State

06-18-1999 90011 039 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # F98000003139

1. Corporation Name

BJ PROCESS AND PIPELINE SERVICES COMPANY

Principal Place of Business

5500 NW CENTRAL DR.  
HOUSTON TX 77092

Mailing Address

5500 NW CENTRAL DR.  
HOUSTON TX 77092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1998

4. FEI Number

74-1654037

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

28 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDP ☐ DELETE

NAME STEWART, JAMES W  
STREET ADDRESS 5500 NW CENTRAL DR.  
CITY-ST-ZIP HOUSTON TX 77092

TITLE DV ☐ DELETE

NAME POWERS, MARVIN D  
STREET ADDRESS 5500 NW CENTRAL DR.  
CITY-ST-ZIP HOUSTON TX 77092

TITLE DV ☐ DELETE

NAME MCSHANE, MICHAEL  
STREET ADDRESS 5500 NW CENTRAL DR.  
CITY-ST-ZIP HOUSTON TX 77092

TITLE DT ☐ DELETE

NAME WHICHARD, TAYLOR M III  
STREET ADDRESS 5500 NW CENTRAL DR.  
CITY-ST-ZIP HOUSTON TX 77092

TITLE S ☐ DELETE

NAME SHANNON, MARGARET B  
STREET ADDRESS 5500 NW CENTRAL DR.  
CITY-ST-ZIP HOUSTON TX 77092

TITLE V ☐ DELETE

NAME BARDEN, ANDY  
STREET ADDRESS 5500 NW CENTRAL DR.  
CITY-ST-ZIP HOUSTON TX 77092

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

T.M. WHICHARD

5-3-99

(713)462-4239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)