

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003139

1. Entity Name

BJ PROCESS AND PIPELINE SERVICES COMPANY

Principal Place of Business

Mailing Address

5500 NW CENTRAL DR.  
HOUSTON TX 77092

5500 NW CENTRAL DR.  
HOUSTON TX 77092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 74-1654037

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDP	<input type="checkbox"/> Delete
NAME	STEWART, JAMES W	
STREET ADDRESS	5500 NW CENTRAL DR.	
CITY-ST-ZIP	HOUSTON TX 77092	
TITLE	DV	<input type="checkbox"/> Delete
NAME	POWERS, MARVIN D	
STREET ADDRESS	5500 NW CENTRAL DR.	
CITY-ST-ZIP	HOUSTON TX 77092	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCSHANE, MICHAEL	
STREET ADDRESS	5500 NW CENTRAL DR.	
CITY-ST-ZIP	HOUSTON TX 77092	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WHICHARD, TAYLOR M III	
STREET ADDRESS	5500 NW CENTRAL DR.	
CITY-ST-ZIP	HOUSTON TX 77092	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHANNON, MARGARET B	
STREET ADDRESS	5500 NW CENTRAL DR.	
CITY-ST-ZIP	HOUSTON TX 77092	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARDEN, ANDY	
STREET ADDRESS	5500 NW CENTRAL DR.	
CITY-ST-ZIP	HOUSTON TX 77092	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

T.M. WHICHARD

T.M. WHICHARD 4/30/01 713-462-4239

Date

Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90152 007 \*\*\*150.00

765394



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)