

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90234 045 ***150.00

DOCUMENT # **F98000006959**

1. Corporation Name

TRANSMONTAIGNE PRODUCT SERVICES INC.

Principal Place of Business
370 17TH STREET, SUITE 2750
DENVER CO 80202

Mailing Address
370 17TH STREET, SUITE 2750
DENVER CO 80202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1998

4. FEI Number

84-1477374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

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.

(NO registered agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BRADBERRY, ROBERT W**

STREET ADDRESS **280 MANSELL COURT EAST, SUITE 600**

CITY-ST-ZIP **ROSWELL GA 30076**

TITLE **V** ☐ DELETE

NAME **ALEXANDER, J. A**

STREET ADDRESS **280 MANSELL COURT EAST, SUITE 600**

CITY-ST-ZIP **ROSWELL GA 30076**

TITLE **S** ☐ DELETE

NAME **CARLSON, ERIK B**

STREET ADDRESS **370 17TH STREET, SUITE 2750**

CITY-ST-ZIP **DENVER CO 80202**

TITLE **T** ☐ DELETE

NAME **PLESS, RODNEY S**

STREET ADDRESS **280 NORTH COLLEGE AVENUE, SUITE 500**

CITY-ST-ZIP **FAYETTEVILLE AR 72701**

TITLE **C** ☐ DELETE

NAME **DIETLER, CORTLANDT S**

STREET ADDRESS **370 17TH STREET, SUITE 2750**

CITY-ST-ZIP **DENVER CO 80202**

TITLE **VC** ☐ DELETE

NAME **GATHRIGHT, RICHARD E**

STREET ADDRESS **370 17TH STREET, SUITE 2750**

CITY-ST-ZIP **DENVER CO 80202**

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:

Erik B. Carlson, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(303) 626-8200

Daytime Phone #

CR2E034 (1/98)