## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F9900001233 1. Entity Name **COLUMBIA ENERGY SERVICES CORPORATION**

Principal Place of Business

Mailing Address

13880 DULLES ( HERNDON VA 2		13880 DULLES COHNER LN. HERNDON VA 20171						
	lace of Business . 86th Avenue	3. Mailing Address 801 E. 86th Avenue					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN:	THIS SPACE		
City & State  Merrillville, IN		City & State Merrillville, IN		<b>4.</b> F	4. FEI Number 61-0573109		Applied For Not Applicable	
Zip 46410	Country USA	_ Zip 46410	Country USA	5. 0	Certificate of Status Desired	\$8.75 / Fee Requ		
	6. Name and Address of Current Re			7. N	lame and Address of New Registe	ered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name	Name				
			Street Address (P.O. Box Number is Not Acceptable)					
						T		
			City	ty			FL Zip Code	
8. The above	named entity submits this statement for the	he purpose of changing its re	gistered office or	registered ag	ent, or both, in the State of Florida.		į	
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	legistered Agent signatu	re required when re	instating)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Star		50.00	10. Election Campaign Financin Trust Fund Contribution.	+-	.00 May Be ded to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	S AND DIRECTO	ORS IN 11	
TITLE	PCEO	KI Delete	TITLE	P/D		☐ Chang	e 🔀 Addition	
NAME STREET ADDRESS	WATT, BRIAN J 13880 DULLES CORNER LN.		name Street address		el W. O'Donnell		_	
CITY-ST-ZIP			CITY-ST-ZIP		801 E. 86th Avenue Merrillville, IN 46410			
TITLE	V ACCONTO DUMADA	🖾 Delete	TITLE	Contro		☐ Chang	e 🔀 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		Vincent DeVito 13880 Dulles Corner Ln.			
CITY-ST-ZIP	HOUSTON_TX_77056		CITY-ST-ZIP	Herndo				
TITLE	V	🔀 Delete	TITLE	D		☐ Chang	e 🛛 Addition	
NAME	DEATON, A. CLAY		NAME OTREET ADDRESS		ey W. Grossman			
STREET ADDRESS CITY-ST-ZIP	13880 DULLES CORNER LN.   HERNDON VA 20171		STREET ADDRESS CITY-ST-ZIP		. 86th Avenue Llville, IN 47410			
TITLE		☐ Delete	TITLE	D		☐ Chang	e 🔀 Addition	
NAME			NAME		M. Clarke		}	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		. 86th Avenue Llville, IN 47410			
TITLE		☐ Delete	TITLE	S	IIVIIIC, IN 4/410	Chang	e X Addition	
NAME		_ 55005	NAME	Gary W	V. Pottorff	_ ,		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		. 86th Avenue Llville, IN 46410			
TITLE		☐ Delete	TITLE		· · · · · ·	☐ Chang	e Addition	
NAME			NAME OTDEET ADDRESS		<b>V.</b> C.			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				{	
<del></del>					* *************************************			

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.

Michae SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Michael W. O'Donnell

**FILED** 

Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90040 031 \*\*\*150.00

Daytime Phone #