

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90088 043 \*\*\*150.00

**DOCUMENT # F99000001304**

1. Entity Name  
**TRANSCONTINENTAL GAS PIPE LINE CORPORATION**

Principal Place of Business      Mailing Address  
**2800 POST OAK RD      2800 POST OAK RD**  
**HOUSTON TX 77056      HOUSTON TX 77056-6100**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**One Williams Ctr**

City & State      City & State  
**TULSA OK**  
 Zip      Country      Zip      Country  
**74172      USA**

4. FEI Number      Applied For  
**74-1079400**      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 \_\_\_\_\_ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BAILEY, KEITH E</b> <b>ONE WILLIAMS CENTER</b> <b>TULSA OK 74172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>O'NEILL, BRIAN E</b> <b>2800 POST OAK RD</b> <b>HOUSTON TX 77056</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>WADLINGTON, CUBA JR</b> <b>2800 POST OAK RD</b> <b>HOUSTON TX 77056</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>WADLINGTON, CUBA JR</b> <b>2800 POST OAK RD</b> <b>HOUSTON TX 77056</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>POSEKANY, LEWIS A JR</b> <b>2800 POST OAK RD</b> <b>HOUSTON TX 77056</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>POSEKANY, LEWIS A JR</b> <b>2800 POST OAK RD</b> <b>HOUSTON TX 77056</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>CUBA WADLINGTON, JR</b> <b>2800 POST OAK RD</b> <b>HOUSTON, TX 77056</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>GARY LAUNDERDATE</b> <b>ONE WILLIAMS CTR</b> <b>TULSA, OK 74172</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPASAT</b> <b>RONALD M. MUCCI</b> <b>ONE WILLIAMS CTR</b> <b>TULSA, OK 74172</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Shouah Belis      Secretary      4/7/00      918-573-4221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)