

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000001304**1. Entity Name
TRANSCONTINENTAL GAS PIPE LINE CORPORATION

Principal Place of Business

2800 POST OAK RD

HOUSTON
77056

TX

Mailing Address

ONE WILLIAMS CTR

TULSA
74172

OK

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

74-1079400

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

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)

02/21/2001

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 State10. 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	AT	<input type="checkbox"/> Delete
NAME	POSEKANY LEWIS AJR	
STREET ADDRESS	2800 POST OAK RD	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	POSEKANY LEWIS AJR	
STREET ADDRESS	2800 POST OAK RD	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	SVST	<input type="checkbox"/> Delete
NAME	MUCCI RONALD M	
STREET ADDRESS	ONE WILLIAMS CTR	
CITY-ST-ZIP	TULSA OK 74172	
TITLE	SV	<input type="checkbox"/> Delete
NAME	LAUDERDALE GARY	
STREET ADDRESS	ONE WILLIAMS CTR	
CITY-ST-ZIP	TULSA OK 74172	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WADLINGTON CUBA JR	
STREET ADDRESS	2800 POST OAK RD	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BAILEY KEITH E	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHRES SHAWNA L	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINRICHS JEFFREY P	
STREET ADDRESS	2800 POST OAK RD	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	SVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCCI RONALD M	
STREET ADDRESS	ONE WILLIAMS CTR	
CITY-ST-ZIP	TULSA OK 74172	
TITLE	SVGM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUDERDALE GARY	
STREET ADDRESS	ONE WILLIAMS CTR	
CITY-ST-ZIP	TULSA OK 74172	
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: Shawna L. Gehres

S

02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)