

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90303 049 ***150.00

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1. Entity Name
TRANSCONTINENTAL GAS PIPE LINE CORPORATION



Principal Place of Business
**2800 POST OAK RD
HOUSTON, TX 77056**

Mailing Address
**ONE WILLIAMS CTR
TULSA, OK 74172**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
74-1079400

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MALCOLM, STEVEN J ONE WILLIAMS CENTER TULSA, OK 74172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WRIGHT, PHILLIP D 2800 POST OAK RD HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FERAZZI, FRANK J ONE WILLIAMS CTR TULSA, OK 74172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRIDGES, ALLISON G 2800 POST OAK BLVD HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RODEKOH, RICHARD D 2800 POST OAK RD HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHORE, BRIAN K ONE WILLIAMS CENTER TULSA, OK 74172

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian K. Shore **BRIAN K Shore** **3/31/5** **918-573-4221**