


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 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, TX 77056**

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

**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>74-1079400</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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

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05/02/07-80046-009 150.00

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: Brian K Shore 4/18/07 918-573-4221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #