2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # F9900006134 1. Entity Name ENRON COMPRESSION SERVICES COMPANY					04-26-2004	90982 011 ***15	60.00	
Principal Place of Business 1400 SMITH STREET HOUSTON, TX 77002		Mailing Address C/O 1650 HIGHWAY 6 SUITE 100 SUGARLAND, TX 77475		1 100 110 110 110 110 110 110 110		- 24055490		
2. Principal Place of Business 1221 Lamar Suite, Apt. #, etc.		3. Malling Address P. & - Box 1188 Suite, Apt. #, etc.			04142004 Chg-P CR2E034 (10/03)			
Suite 1600		City & State		4. FEI Number	Crig-P		olied For	
Houston, TX		Houston. 1X		76-05895	15		Applicable	
77010 Country		71251 C	Country USA	5. Certificate of S	Status Desired	See Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
	/ICES, INC.	(D.O. Davidi urba de Net Accostable)						
526 E. PARK AVE. TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)				
				City E1 Zip Code				
				rL				
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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND		11.		IANGES TO OFFI	CERS AND DIRECTORS		
TITLE NAME	DP SEMPLE, ROBERT J	☐ Delete .	TITLE Name	DIPICED Semale, Rob	ert J.	Change	☐ Addition	
STREET ADDRESS	1400 SMITH STREET	gen a samuel samuel	STREET ADDRESS	Semple, Rob 1221 Lamar	Suitel	-00		
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP	Houston, TR	77610		_	
NAME STREET ADDRESS	CEO SEMPLE, ROBERT J 1400 SMITH STREET	🔀 Delete	TITLE NAME STREET ADDRESS			🗷 Change	Addition	
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP					
TITLE	AS	☐ Delete	TITLE	AS	A	Change	☐ Addition	
NAME STREET ADDRESS	LEE, PATRICIA A 1400 SMITH STREET		NAME STREET ADDRESS	Lee, Patricia.	ite 1600			
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP	Houston.TA	פוסדר			
TITLE	AS	☐ Delete	TITLE	As		Change	☐ Addition	
NAME .	PARDUE, WILLIAM L		NAME STREET ADDRESS	Pardue, Willia	im E suite lina	_		
- STREET ADDRESS*	-1400·SMITH·STREET		CITY-ST-ZIP		77610			
TITLE	S	☐ Delete	TITLE	3		K Change	Addition	
NAME	COLE, KATE B		NAME	cole, Kate B	te 1400			
STREET ADDRESS CITY-ST-ZIP	1400 SMITH STREET HOUSTON, TX 77002		STREET ADDRESS CITY-ST-ZIP	Houston.T	77010			
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		this filling dosp = t =	CITY-ST-ZIP	tod in Section 110 07/2V/3	Elorida Statutea	I further certify that the in	nformation	
indicated	certify that the information supplied with on this report or supplemental report is	s true and accurate and that my	signature shall	have the same legal effect a	s if made under	oath; that I am an officer	or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 atlactor with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFI