


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90089 005 \*\*\*150.00

<b>DOCUMENT # F99000006134</b> 1. Entity Name <b>ENRON COMPRESSION SERVICES COMPANY</b>					
Principal Place of Business <b>1221 LAMAR STE. 1600 HOUSTON, TX 77010</b>			Mailing Address <b>P.O. BOX 1188 HOUSTON, TX 77251</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1221 LAMAR STREET SUITE 1600, ATTN: TAX DEPT 8TH FLOOR</b>			
City & State 		City & State <b>HOUSTON, TX</b>		4. FEI Number <b>76-0589515</b>	
Zip 	Country 	Zip <b>77010</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPCE SEMPLER, ROBERT J 1221 LAMAR, STE. 1600 HOUSTON, TX 77010</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/CHAIRMAN OF THE BOARD SEMPLER, ROBERT J 1221 LAMAR STREET, SUITE 1600 HOUSTON, TX 77010</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LEE, PATRICIA A 1221 LAMAR, STE. 1600 HOUSTON, TX 77010</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS PARDUE, WILLIAM L 1221 LAMAR, STE. 1600 HOUSTON, TX 77002</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SMALLING, J. MICHAEL 1221 LAMAR STREET, SUITE 1600 HOUSTON, TX 77010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COLE, KATE B 1221 LAMAR, STE. 16001 HOUSTON, TX 77010</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S DAVIS, ANGUS H. 1221 LAMAR STREET, SUITE 1600 HOUSTON, TX 77010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILLER, L. DON 1221 LAMAR STREET, SUITE 1600 HOUSTON, TX 77010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CLINE, K. WADE 1221 LAMAR STREET, SUITE 1600 HOUSTON, TX 77010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Patricia A. Lee</i>			<b>PATRICIA A. LEE</b> 428-113) 853-5172		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			ASST. SECRETARY		

40083528

Attachment  
# F99000006134

**Enron Compression Services Company**  
**1221 Lamar Street, Suite 1600**  
**Houston, TX 77010**  
**Federal ID# 76-0589515**  
**Doc.# F99000006134**

**DIRECTORS:**

**Title:**

K. Wade Cline  
Robert J. Semple  
Robert H. Walls, Jr.

Director  
Director  
Director

**OFFICERS:**

**Title:**

K. Wade Cline  
Robert J. Semple  
L. Don Miller  
Angus H. Davis  
Patricia A. Lee  
J. Michael Smalling

Vice President  
Chairman of the Board  
President  
Vice President and Secretary  
Assistant Secretary  
Assistant Secretary