

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08560 (9)

1. Corporation Name

SOUTHWEST FLORIDA PIPELINE COMPANY

Principal Place of Business

500 W MONROE ST
P.O. BOX 6080
CHICAGO IL 60661-3676
US

Mailing Address

500 W MONROE ST
P.O. BOX 6080
CHICAGO IL 60661-3676
US

3. Date Incorporated or Qualified
08/11/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
36-3666415

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYES ST
105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CHLEBOWSKI, JOHN F.
STREET ADDRESS 500 W MONROE
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE DVP
NAME BLAKE, C.J., JR.
STREET ADDRESS 500 W MONROE
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE DVP
NAME ANDRUKAITIS, A.J.
STREET ADDRESS 500 W MONROE
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE DVP
NAME SCHULTZ, D.R.
STREET ADDRESS 500 W MONROE
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE TYP
NAME LEE R L
STREET ADDRESS 500 W MONROE ST
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE AS
NAME MUCHIAN, WILLIAM M.
STREET ADDRESS 500 W MONROE
CITY-ST-ZIP CHICAGO IL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001810544
-05/07/96--01023--015
***200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William M. Muckian* WILLIAM M. MUCKIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(312) 621-6408

Date

Daytime Phone #

CR2E034 (12/95)