

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90274 011 ****50.00

DOCUMENT # M00000001446

1. Entity Name

KOCH PIPELINE COMPANY, LLC

DO NOT WRITE IN THIS SPACE

967689

2. Principal Place of Business

4111 EAST 37TH ST. NORTH

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2256

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WICHITA, KS

City & State

WICHITA, KS

4. FEI Number

48-1170650

Applied For

Not Applicable

Zip

67220

Country

USA

Zip

67220

Country

USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

8. The above named

use of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME CAFFEY, B R
STREET ADDRESS 4111 EAST 37TH STREET NORTH
CITY-ST-ZIP WICHITA, KS 67220

TITLE MGR
NAME GABLE, W E
STREET ADDRESS 4111 EAST 37TH STREET NORTH
CITY-ST-ZIP WICHITA, KS 67220

TITLE MGR
NAME HUMPHREY, M E
STREET ADDRESS 4111 EAST 37TH STREET NORTH
CITY-ST-ZIP WICHITA, KS 67220

TITLE MGR
NAME LAIR, R
STREET ADDRESS 4111 EAST 37TH STREET NORTH
CITY-ST-ZIP WICHITA, KS 67220

TITLE MGR
NAME WILKINS, C M
STREET ADDRESS 4111 EAST 37TH STREET NORTH
CITY-ST-ZIP WICHITA, KS 67220

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)