

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001087

1. Entity Name

NATIONS ENERGY HOLDINGS, LLC

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90115 017 ****50.00

873568



DO NOT WRITE IN THIS SPACE

Principal Place of Business

200 N. LASALLE ST., STE. 2820
 CHICAGO IL 60601

Mailing Address

200 N. LASALLE ST., STE. 2820
 CHICAGO IL 60601

2. Principal Place of Business

150 SO WACKER DR

3. Mailing Address

150 SO WACKER DR

Suite, Apt. #, etc.

2950

Suite, Apt. #, etc.

2950

City & State

CHICAGO, IL

City & State

CHICAGO, IL

Zip

60606

Country

USA

Zip

60606

Country

USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

CR2E083 (4/02)

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER WILLIAM B. JOHNSON, JR. 150 SO. WACKER DR #2950 CHICAGO, IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER THOMAS H. SHEPARD 150 SO. WACKER DR #2950 CHICAGO, IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER LARRY W. BICKLE 2603 AUGUSTA DR, SUITE 1130 HOUSTON, TX 77057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER J. CHRIS JONES 2603 AUGUSTA DR, SUITE 1130 HOUSTON, TX 77057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JOHN A. STROM 2603 AUGUSTA DR, SUITE 1130 HOUSTON, TX 77057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CHRISTOPHER C. BEHRENS 1221 AVE. OF THE AMERICAS, FLR 39 NEW YORK, NY 10020	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

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

9/13/02

312-327-1100

Date

Daytime Phone #