

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001946

FILED
Mar 24, 2004
Secretary of State

Entity Name: WILLIAMS MIDSTREAM MARKETING AND RISK MANAGEMENT, LLC

Current Principal Place of Business:

ONE WILLIAMS CENTER
TULSA, OK 74172

New Principal Place of Business:

Current Mailing Address:

ONE WILLIAMS CENTER
TULSA, OK 74172

New Mailing Address:

FEI Number: 04-3678352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WILLIAMS ENERGY SERV, ICES, LLC
Address: ONE WILLIAMS CENTER
City-St-Zip: TULSA, OK 74172

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARMSTRONG, ALAN S
Address: ONE WILLIAMS CENTER
City-St-Zip: TULSA, OK 74172

Title: MGR () Change (X) Addition
Name: MALCOLM, STEVEN J
Address: ONE WILLIAMS CENTER
City-St-Zip: TULSA, OK 74172

Title: MGR () Change (X) Addition
Name: WRIGHT, PHILLIP D
Address: ONE WILLIAMS CENTER
City-St-Zip: TULSA, OK 74172

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHILLIP D. WRIGHT

MGR

03/24/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date