File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY 17 PH 4: 48 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SCOLLIANT OF COMPA TALLAHASSEE, FUCNIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000504** 1a. Principal Place of Business Address GAS SUPPLY, L.L.C. 1800 SOUTH BALTIMORE TULSA OK 74119 TULSA OK 74119 74101-0645 3. Date Organized or Qualified 3a. State of Formation 08/12/1997 DE4. FEI Number Applied For 73-1513316 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 04/27/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when recistaling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code ONE Williams CXR MAPCO, INC. The Williams Compunios, INC. 1800 SOUTH BALTIMORE フリノフマ MGR TULSA OK 1**02983247--**05/24/99--01001--018 ***188.75 ****188.7**\$** 11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (1), Florida Statutes. I further certify that the information

indicated on this annual 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; and that my name appears in Block 10, or on an

SHAWNA L. Gehros

4/23/99 (918) 573-2298

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attachment with an address,

SIGNATURE