


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 17 PM 4:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company <b>MAPCO SUPPLY &amp; TRADING LLC</b> 1800 SOUTH BALTIMORE AVENUE TULSA OK 74119				DOCUMENT # M97000000743 <i>JoK</i>			
2. Principal Place of Business <i>ONE Williams CTR</i> Suite, Apt. #, etc. City & State <i>TULSA OK</i> Zip <i>74172</i> Country <i>USA</i>				2a. Mailing Address <i>ONE Williams CTR</i> Suite, Apt. #, etc. City & State <i>TULSA, OK</i> Zip <i>74172</i> Country <i>USA</i>		3. Date Organized or Qualified <i>11/12/1997</i>	
				3a. State of Formation <i>DE</i>		4. FEI Number <i>76-0542735</i>	
						<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report <i>05/04/1998</i>		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> % CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reconstituting)</small>						DATE _____	
10. Title	Managing Members/Managers	Business Street Address			City, State and Zip Code		
MGRM	MAPCO, INC.	<i>ONE Williams CTR</i> <del>1800 SOUTH BALTIMORE AVENUE</del>			TULSA OK <i>74172</i>		
700002883197--6 -05/24/99--01001--017 ****188.75 ****188.75 <i>5-18-99</i>							
11. I do 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 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 attachment with an address.							
SIGNATURE: <i>Shawna L. Gebres</i>				SHAWNA L. Gebres 4/23/99 (918) 573-2298 Secretary			