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 FILED **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY 17 Fil 4: 48 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # M97000000743 BUGIR DARGER STATE TALLAHASSEE, FLORIDA **DOCUMENT # M97000000743** 1a. Principal Place of Business Address MAPCO SUPPLY & TRADING LLC 1800 SOUTH BALTIMORE AVENUE 1800 SOUTH BALTIMORE AVENUE **TULSA OK 74119** TULSA OK 74119-2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation ONE Williams Ctr ONE Williams Ctr 11/12/1997 4. FEI Number Applied For -City & State 76-0542735 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 05/04/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CT CORPORATION SYSTEM % CT CORPORATION 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 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 hability 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 \_\_\_\_ (Rugistered Agent Accepting Appointment) (NOTE: Brigistered Agent signature required when remotal eg) 10. Title **Business Street Address** City. State and Zip Code ONE William'S CTR 1800 SOUTH BALTIMORE AVENU MGRM MAPCO, INC. TULSA OK

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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: 之

Walliah Glue SHAWNA L. Gebres 4/23/99 (918)573-2298
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