## 2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # M9800000229 .  1. Entity Name EQUILON ENTERPRISES LLC |   |   |   |  | AND<br>FILED  |  |                     |  |
|--|---|---|---|--|---|--|---------------------|--|
|  |   |   |   |  | 01 APR 24 AM 9:55   |  |                     |  |
|  |   | Mailing Address                             |   |  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                    |  |                     |  |
| HOUSTON TX   | ( 77002   | HOUSTON TX 77002                            |   |  |   |  |                     |  |
| 2. Principal Place of Business 1100 LOUISIANA ST                 |   | 3. Mailing Address<br>1100 LOUISIANA ST     |   |  |   |  |                     |  |
| Suite, Apt. #, etc. SUITE 1000 City & State                      |   | Suite, Apt. #, etc. SUITE 1000 City & State |   | 4. FEI h   | DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For Applied For             |  |                     |  |
| HOUSTON TX Zip Country   |   | HOUSTON TX Zip Country                      |   |  | 52-2074528  | 95 00 Add                                  | t Applicable        |  |
| 77002  | USA 6. Name and Address of Current F  | 77002                                       | USA                                       |  | ficate of Status Desired  e and Address of New Regist                         | Fee Require                                | d                   |  |
| The state and reacted of definition registered Agent             |   |   |   |  |   |  | د مدهاد الوادرات    |  |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD               |   |   |   | Street Address (P.O. Box Number is Not Acceptable) |   |  |                     |  |
| PLANTATION FL 33324  |   |   | City                                      | FL Zip Code  |   |  |                     |  |
| 8. The above   | named entity submits this statement for Signature, typed or printed name of registered agent an   | . ,   |   | r registered agent,                                | ·   | DATE                                       |                     |  |
| FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of  |   |   |   |  | 20000419<br>-05/11/01-<br>*****50.0   | 010210                                     | 35                  |  |
| 9.   | MANAGING MEMBE  | RS/MEMBERS                                  | 10.                                       |  | ADDITIONS/CHAI  | NGES                                       |                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                            | MGRM TEXACO REFINING AND MARKET 2000 WESTCHESTER AVENUE WHITE PLAINS NY   | Delete                                      | TITLE NAME STREET ADDRESS CITY-ST-ZIP     | ,  |   | ☐ Change                                   | ☐ Addition          |  |
| TITLE NAME .STREET ADDRESS CITY-ST-ZIP                           | MGRM TEXACO REFINING AND MARKET 2000 WESTCHESTER AVENUE WHITE PLAINS NY   | ⊠ Delete<br>ING, INC.                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP     |  |   | ☐ Change                                   | ☐ Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | MGRM SOPC HOLDINGS WEST LLC 2000 WESTCHESTER AVENUE WHITE PLAINS NY   |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP     | 910 LOUIS  | GRM ⊡ Change ☑ Addition DPC HOLDINGS WEST LLC 10 LOUISIANA ST DUSTON TX 77002 |  |                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                            | MGRM<br>TEXACO CONVENT REFINING INC<br>LA HWY 44 AND 70<br>CONVENT LA 70723   | Delete                                      | TITLE NAME STREET ADDRESS CITY-ST-ZIP     |  |   | ☐ Change                                   | ☐ Addition          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |   | ☐ Delete                                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP     |  |   | ☐ Change                                   | ☐ Addition          |  |
| TITLE<br>NAME ;<br>Street adoress<br>City-St-Zip                 |   | □ Delete                                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP     |  |   | ☐ Change                                   | ☐ Addition          |  |
| indicated  | ertify that the information supplied with t<br>on this report is true and accurate and the<br>pility company or the receiver or trustee | nat my signature shall have th              | te same legal effe<br>eport as required l | ct as if made under                                | oath; that I am a managing m<br>rida Statutes.                                | er certify that the in<br>ember or manager | formation<br>of the |  |

Manager - Tax Compliance
04/18/01 713-277-7284
OB AUTHORIZED REPRESENTATIVE Date Deptime Phone #