2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90274 023 ****50.00

1. Entity Nam	MENT # M9800000 ENTERPRISES LLC	0229 D		A A TRIAN			
Principal Place of Business 1100 LOUISIANAST., SUITE 1000 HOUSTON, TX 77002		Mailing Address 1100 LOUISIANAST., SUITE 1000 HOUSTON, TX 77002		30064978			
2. Principal Place of Business		3. Mailing Address P O BOX 2463 Suite, Apt. #, etc.					
Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For			
City & State		City & State HOUSTON TX		4. FEI Number 52-2074528	No	t Applicable	
· Zìp	Country	77210-2463	Country USA	5. Certificate of Status Desired	☐ \$5.00 Add Fee Require	itional d	
	Name and Address of Curre	nt Registered Agent		7. Name and Address of New Re	gistered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code	•	
مدر جندجميد	Signature, typed or printed name of registered as	FILE NO Make Check Payab	Rejasiral Apentsignatura requi DWIII, FEE IS \$50 00 e to Figrida Departm By May 1, 2003	per per Stein and	CATE		
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-2IP	MGRM TEXACO REFINING AND MAF 2000 WESTCHESTER AVENU WHITE PLAINS, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TMR COMPANY 910 LOUISIANA HOUSTON TX 77002	☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEXACO REFINING AND MAF 2000 WESTCHESTER AVENU WHITE PLAINS, NY	•	TITLE NAME STREET ADDRESS CITY -ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CRY-ST-ZIP	MGRM SOPC HOLDINGS WEST LLC 910 LOUISIANA ST. HOUSTON, TX 77002	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP	MGRM TEXACO CONVENT REFINING LA HWY 44 AND 70 CONVENT, LA 70723	⊠ Delete GINC.	TITLE NAME STREET ADDRESS CITY-S1-2IP		☐ Change	Addition	
TITLE NAME STREET ADDRESS COY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Ctange	Addition	
TITLE NAMÉ STREET ADDRESS COVST 71b		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change	Addition	

11. I 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 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.

M. R. Ihrig, Member - Tax Officer

SIGNATURE: MR. I.M. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANBER, MANAGER OR AUTHORIZED REPRESENTATIVE

04-25-03

713-241-4461

Daytime Phone #

CR2E083 (10/02)