2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 APR 24 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000800 AF

DOCUMENT # M98000001043

1. Entity Name
MOTIVA ENTERPRISES LLC

Principal Place of Business	Mailing Address
1100 LOUISIANA STREET. SUITE 2200 HOUSTON TX 77002	1100 LOUISIANA STREET. SUITE 2200 HOUSTON TX 77002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1100 LOUISIANA ST	1100 LOUISIANA ST
Suite, Apt. #, etc. SUITE 1000	Suite, Apt. #, etc. SUITE 1000
City & State HOUSTON TX	City & State HOUSTON TX
Zip 77002 / Country USA	Zip 77002 / Country USA

4. FEI Number 76-0262490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

100004195171--5
-05/11/01--01031--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TEXACO REFINING AND MARKETING, INC. 2000 WESTCHESTER AVE. WHITE PLAINS NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SAUDI REFINING, INC. 9009 WEST LOOP SOUTH, SUITE 11081 HOUSTON TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SOPC HOLDINGS EAST LLC 910 LOUISIANA ST. HOUSTON TX 77002	☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E083 (11/00)

11. I 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 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.

SIGNATURE: George H. Thomasson SIGNATURE REQUIRED
George H. Thomasson
Manager - Tax Compliance
04/18/01
713-277-7284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #