

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 08:00 AM****Secretary of State****DOCUMENT # M99000000331****1. Entity Name**
BUCCANEER GAS PIPELINE COMPANY, L.L.C.

Principal Place of Business ONE WILLIAMS CENTER TULSA 74172	Mailing Address ONE WILLIAMS CENTER TULSA 74172
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address ONE WILLIAMS CENTER Suite, Apt. #, etc. MD 41-3 City & State TULSA Zip 74172
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4. FEI Number 73-1560974	Applied For <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

PLANTATION
33324
US

FL

7. Name and Address of New Registered Agent

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** _____ **03/01/2001**
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**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS GAS PIPELINE CO. ONE WILLIAMS CTR. TULSA OK 74172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRANSCONTINENTAL GAS PIPE LINE CORP. ONE WILLIAMS CENTER TULSA OK 74172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SHAWNA L. GEHRES S **03/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)