

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000394

1. Entity Name
EQUIVA SERVICES LLC

Principal Place of Business
1100 LOUISIANA, 22ND FLOOR
HOUSTON TX 77002

Mailing Address
1100 LOUISIANA, 22ND FLOOR
HOUSTON TX 77002

2. Principal Place of Business
1100 LOUISIANA ST
Suite, Apt. #, etc.
10TH FLOOR

3. Mailing Address
1100 LOUISIANA ST.
Suite, Apt. #, etc.
10TH FLOOR

City & State
HOUSTON TX 77002

City & State
HOUSTON TX 77002

4. FEI Number 51-0382328

Applied For
Not Applicable

Zip 77002 Country USA

Zip 77002 Country USA

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 FL 33324

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

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

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

9900004195159--2
-05/11/01--01021--034
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EQUILON ENTERPRISES LLC P.O. BOX 4453 HOUSTON TX 77210-4453 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MOTIVA ENTERPRISES LLC P.O. BOX 4540 HOUSTON TX 77210 | <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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|-------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1100 LOUISIANA ST. 10TH FLOOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1100 LOUISIANA ST. 10TH FLOOR | <input checked="" 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.

George H. Thomasson

Manager - Tax Compliance

SIGNATURE: *George H. Thomasson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 04/18/01 Daytime Phone # 713-277-7284

APPROVED
AND
FILED

01 APR 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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