

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90274 022 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY/  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #M99000000394**

1. Entity Name  
**EQUIVA SERVICES LLC**



Principal Place of Business  
1100 LOUISIANA ST., 10TH FLOOR  
HOUSTON, TX 77002

Mailing Address  
1100 LOUISIANA ST., 10TH FLOOR  
HOUSTON, TX 77002

2. Principal Place of Business

3. Mailing Address  
P O BOX 2463

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
HOUSTON TX

4. FEI Number  
**51-0382328**

Applied For  
☐ Not Applicable

Zip

Country

Zip  
77210-2463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEB IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EQUILON ENTERPRISES LLC  
1100 LOUISIANA ST., 10TH FLOOR  
HOUSTON, TX 77002 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MOTIVA ENTERPRISES LLC  
1100 LOUISIANA ST., 10TH FLOOR  
HOUSTON, TX 77002 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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)(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.

M. R. Ihrig, Member - Tax Officer

SIGNATURE:

*M R Ihrig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-25-03

713-241-4461

Date

Daytime Phone #

CR2E083 (10/02)