## 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** M9900001012 1. Entity Name TEXACO AVIATION PRODUCTS LLC

APPROVED AND

00 MAY -5 PM 3: 40

TEMOG AVIATION THOSEON ILES					SECRETARY OF STATE			
•					TALLAHASSEE.	FLORIDA		
Principal Place of Business Mailing Address					Trigger (((CODE			
1111 BAGBY ST HOUSTON TX 77002 HOUSTON TX 77002 HOUSTON TX 77002-2551								
HOUSTON IX	//002	HOUSTON 1X //002-2001					11848 1184 1881	
				<b> </b>				
2. Principal Place of Business 3. Mailing Address					1401001) IIO 10116 10111 00111 0011)	BOLL OGEL BOLL TILL OGER		
Suite, Apt. #, etc.			74	DO NOT WRITE IN THIS SPACE				
· City & State		Houston T	ity's State DUSTON TV		76-0589129	<del></del>	plied For t Applicable	
Zip	Country	77251-1404	Country	5. Certif	icate of Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New Rec	istered Agent		
CORPORATION OFFINET COMPANY				Name .				
CORPORATION SERVICE COMPANY				Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET TALLAHASSEE FL 32301								
IALLAHA	30LE 1 L 32301		City			FL Zip Code		
8. The above	named entity transporting tatement to	r the purpose of changing its re	gistered office or r	registered agent.	or both, in the State of Florid			
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SIGNATURE (gnature, typeshall printed name   legisla   red autom and title if applicable. (NOTE: Registered Agent signature red					ng)	DATE		
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		Make Check Paya	inie to pepartin					
9.	MANAGING MEMB		10.		ADDITIONS/C			
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STREET ADDRESS	DAULERIO, PAUL R 2000 WESTCHESTER AVE		STREET ADDRESS	·	-05/04/0	00101400		
CITY-ST-ZIP	WHITE PLAINS NY 10650		CITY-ST-ZIP		***1500	.00 ****50	<del></del> -	
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MAME STREET ADDRESS	GRUNDSTEIN, RONALD C 1111 BAGBY ST		NAME STREET AUDRESS					
CITY-ST-ZIP	HOUSTON TX 77002		CITY-ST-ZIP					
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CITY-RT-ZIP			CITY-ST-ZIP	touston	x 27002			
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NAME	`		NAME	1, - 1/2	ngroup			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY- 81- ZIP	Holoton	904 AT 1002-	nann	{	
	certify that the information supplied with	abia filia a dana and anni lifu for th		d in Section 110			farmation	

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 prostee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: