## 2002 UNIFORM BUSINESS REPORT (UBR)

## Secretary of State DOCUMENT # P05245 1. Entity Name 03-26-2002 90012 042 \*\*\*150.00 MIDSTREAM FUEL SERVICE, INC. Principal Place of Business Mailing Address PO BOX 2826 PO BOX 2826 R0050459 MOBILE AL 36652 MOBILE AL 36652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 63-0695291 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/04) ☐ Delete ■ Addition TIDE TITE F ☐ Change MARTIN, RUEBEN S NAME NAME CR2E034 STREET ADDRESS 101 E SABINE STREET ADDRESS CITY-ST-ZIP KILGORE TX 75663 CITY-ST-7/P Delete ☐ Change ☐ Addition TITLE TILE NAME NAME MCCLELLAND, J.S. STREET ADDRESS 109 LANIER AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE AL TITLE ☐ Delete TITLE .. ☐ Change Addition JACKSON, EARL G NAME NAME STREET ADDRESS STREET ADDRESS 108 PINETOP CIRCLE CITY-ST-ZIP CITY-ST-ZIP FAIRHOPE AL Delete TITLE ☐ Change Addition TITLE ODOM, MARI W STREET ADDRESS STREET ADDRESS 5504 OAK PARK COURT CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 38609 ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

MANUAL PROPERTY ASSISTANT OFFICER OF BIRLETON

1/25/02

251-433-4972

Daytime Phone

FILED Mar 26, 2002 8:00 am