

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14220** (8)
1. Corporation Name
TRI-GAS INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
4545 FULLER DR. SUITE 200 **4545 FULLER DR. SUITE 200**
IRVING TX 75038-3596 **IRVING TX 75038-3596**

3. Date Incorporated or Qualified 3a. Date of Last Report
04/29/1987 **06/14/1994**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number Applied For
74-2460354 Not Applicable
5. Certificate of Status Desired \$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STEELE, LOU
3026 N MIAMI AVE
MIAMI FL 33127

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELLIS, JEFFERY S
STREET ADDRESS	4545 FULLER DRIVE
CITY - ST - ZIP	IRVING TX
TITLE	V
NAME	TANIZAWA, HIRO
STREET ADDRESS	4545 FULLER DRIVE
CITY - ST - ZIP	IRVING TX
TITLE	V
NAME	TOYAMA, TAKEO
STREET ADDRESS	4545 FULLER DR
CITY - ST - ZIP	IRVING TX
TITLE	V
NAME	OLSEN, JOHN
STREET ADDRESS	4545 FULLER DRIVE
CITY - ST - ZIP	IRVING TX
TITLE	P
NAME	ELLIS, JEFFREY S
STREET ADDRESS	4545 FULLER DR, STE 200
CITY - ST - ZIP	IRVING TX
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Williamson, J. Scott
1.3 STREET ADDRESS	4545 Fuller Dr. Suite 200
1.4 CITY - ST - ZIP	Irving, TX 75038
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ellis, Jeffrey S.
5.3 STREET ADDRESS	Duplicate - He is listed twice
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 an executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of or an addition with an address.

SIGNATURE: _____ (NOTE: Signature and typed or printed name of signing officer or director) _____
Date: **1-11-95** 7146501700