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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90001 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22983

1. Corporation Name
TRANSMONTAIGNE PRODUCT SERVICES EAST INC.

Principal Place of Business
**10 WESTPORT ROAD
P.O. BOX 810
WILTON CT 06897-7810**

Mailing Address
**10 WESTPORT ROAD
P.O. BOX 810
WILTON CT 06897-7810**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1989

4. FEI Number

13-3096905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 200 Mansell Court East

26 200 Mansell Court East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 600

27 600

City & State

City & State

23 Roswell, GA

28 Roswell, GA

Zip Country

Zip Country

24 30076

25

29 30076

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **FINN, DANIEL R JR**
CITY-ST-ZIP **10 WESTPORT ROAD**
WILTON CT

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P/D**
1.3 STREET ADDRESS **Robert W. Bradberry**
1.4 CITY-ST-ZIP **200 Mansell Court East, Suite 600**
Roswell, GA 30076

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **GILMAN, JEFFREY R**
CITY-ST-ZIP **10 WESTPORT RD**
WILTON CT

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **T**
2.3 STREET ADDRESS **Rodney S. Pless**
2.4 CITY-ST-ZIP **280 North College, Suite 500**
Fayetteville, AR 72701

TITLE ☐ DELETE
NAME **EV**
STREET ADDRESS **WALD, CLIFFORD**
CITY-ST-ZIP **10 WESTPORT RD**
WILTON CT

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **EV**
3.3 STREET ADDRESS **W.A. Sikora**
3.4 CITY-ST-ZIP **280 North College, Suite 500**
Fayetteville, AR 72701

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **GRIFFIN, PETER B.**
CITY-ST-ZIP **10 WESTPORT RD**
WILTON CT

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **S**
4.3 STREET ADDRESS **Erik B. Carlson**
4.4 CITY-ST-ZIP **370 17th Street, Suite 2750**
Denver, CO 80202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Cortlandt Dietler**
5.4 CITY-ST-ZIP **370 17th Street, Suite 600**
Denver, CO 80202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Richard E. Gathright**
6.4 CITY-ST-ZIP **370 17th Street, Suite 2750**
Denver, CO 80202

14. 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 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 the receiver 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)