

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90685 001 \*\*\*511.25

**DOCUMENT # P23439**

1. Entity Name  
**VASTAR GAS MARKETING, INC.**

**ERNST & YOUNG LLP**  
**34-8565596**  
**CHICAGO, IL 60606-6301**

*ma*

Principal Place of Business

**15375 MEMORIAL DRIVE**  
**HMB 1605**  
**HOUSTON TX 77079**  
**US**

Mailing Address

**P.O. BOX 219271**  
**HMB 1612**  
**HOUSTON TX 77218-9271**  
**US**

2. Principal Place of Business

3. Mailing Address

*200 East Randolph Drive*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Mail Code 2401A*

City & State

City & State

*Chicago IL*

Zip

Country

Zip

*60601-6436*

Country

*US*

4. FEI Number **75-2253204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **GOBE, PHILLIP A**  
STREET ADDRESS **15375 MEMORIAL DR**  
CITY-ST-ZIP **HOUSTON TX 77079**

TITLE **P** ☐ Change ☒ Addition  
NAME **T. Fountain**  
STREET ADDRESS **200 E. Randolph Dr.**  
CITY-ST-ZIP **Chicago IL 60601**

TITLE **CD** ☒ Delete  
NAME **DAVIDSON, CHARLES**  
STREET ADDRESS **15375 MEMORIAL DRIVE**  
CITY-ST-ZIP **HOUSTON TX 77079**

TITLE **VP** ☐ Change ☒ Addition  
NAME **James G Nemeth**  
STREET ADDRESS **1615 M. Street NW #200**  
CITY-ST-ZIP **Washington, DC 20036**

TITLE **S** ☒ Delete  
NAME **ROSNER, NORMA J.**  
STREET ADDRESS **1601 BRYAN STREET**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE **AT** ☐ Change ☒ Addition  
NAME **Robert J. Novaria**  
STREET ADDRESS **200 E. Randolph Dr.**  
CITY-ST-ZIP **Chicago IL 60601**

TITLE **AS** ☒ Delete  
NAME **NOONAN, SHAWN A.**  
STREET ADDRESS **15375 MEMORIAL DRIVE**  
CITY-ST-ZIP **HOUSTON TX**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Debra A. Plumb**  
STREET ADDRESS **200 E. Randolph Drive**  
CITY-ST-ZIP **Chicago IL 60601**

TITLE **VD** ☒ Delete  
NAME **MCCOY, JOSEPH D**  
STREET ADDRESS **15375 MEMORIAL DRIVE**  
CITY-ST-ZIP **HOUSTON TX 77079**

TITLE **AS** ☐ Change ☒ Addition  
NAME **James L. Siddall**  
STREET ADDRESS **200 E. Randolph Drive**  
CITY-ST-ZIP **Chicago IL 60601**

TITLE **SDV** ☒ Delete  
NAME **HOPPE, ALBERT D.**  
STREET ADDRESS **15375 MEMORIAL DRIVE**  
CITY-ST-ZIP **HOUSTON TX**

TITLE **V** ☐ Change ☒ Addition  
NAME **O.A. Alvarez**  
STREET ADDRESS **200 E. Randolph Drive**  
CITY-ST-ZIP **Chicago IL 60601**

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James L. Siddall*

Date

Daytime Phone #

*4/19/01*

*312-856-4476*

CR2E034 (10/00)