

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
34-6565596
CHICAGO, IL 60606-6301

Principal Place of Business Mailing Address

15375 MEMORIAL DRIVE **P.O. BOX 219271**
HMB 1605 **HMB 1612**
HOUSTON TX 77079 **HOUSTON TX 77218-9271**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country Country

200 East Randolph Drive
Mail Code 2401A
Chicago IL
60601-6436 **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

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

7. Name and Address of New Registered Agent

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 _____ (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		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOBE, PHILLIP A	
STREET ADDRESS	15375 MEMORIAL DR	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, CHARLES	
STREET ADDRESS	15375 MEMORIAL DRIVE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROSNER, NORMA J.	
STREET ADDRESS	1601 BRYAN STREET	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	NOONAN, SHAWN A.	
STREET ADDRESS	15375 MEMORIAL DRIVE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, JOSEPH D	
STREET ADDRESS	15375 MEMORIAL DRIVE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	SDV	<input checked="" type="checkbox"/> Delete
NAME	HOPPE, ALBERT D.	
STREET ADDRESS	15375 MEMORIAL DRIVE	
CITY-ST-ZIP	HOUSTON TX	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. Fountain	
STREET ADDRESS	200 E. Randolph Dr.	
CITY-ST-ZIP	Chicago IL 60601	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James G Nemeth	
STREET ADDRESS	1615 M. Street NW #200	
CITY-ST-ZIP	Washington, DC 20036	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Novaria	
STREET ADDRESS	200 E. Randolph Dr.	
CITY-ST-ZIP	Chicago IL 60601	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra A. Plumb	
STREET ADDRESS	200 E. Randolph Drive	
CITY-ST-ZIP	Chicago IL 60601	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James L. Siddall	
STREET ADDRESS	200 E. Randolph Drive	
CITY-ST-ZIP	Chicago IL 60601	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: James L. Siddall Date: 4/19/01 Daytime Phone #: 312-856-4476

CR2E034 (10/00)