FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR 21 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37551 (9)

1. Corporation Name
WESTERN GAS MARKETING INC.

Principal Place of Business	Mailing Address
%ALISON T. LOVE TRANSCANADA PIPELINES LTD 111 5TH AVE. SW. CALGARY, ALBERTA T2P 3Y6 CANADA	%ALISON T. LOVE TRANSCANADA PIPELINES LTD 111 5TH AVE. SW. CALGARY, ALBERTA T2P 3Y6 CANADA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/14/1992
3a. Date of Last Report: 02/22/1994

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

4. FEI Number: 52-1497521 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	COUPER, GAVIN J.	1.2 NAME		
STREET ADDRESS	903 RIVERDALE AVE SW	1.3 STREET ADDRESS		
CITY-ST-ZIP	CALGARY, ALBERTA CAN	1.4 CITY-ST-ZIP		
TITLE	AS	2.1 TITLE	D	☑ Change ☐ Addition
NAME	PATTERSON, NEIL D.	2.2 NAME	HODGINS, ROBERT B.	
STREET ADDRESS	3740 UNDERWOOD	2.3 STREET ADDRESS	P.O. Box 49, Site 22, R.R. 12	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	Calgary, Alberta, Canada T3E 6W3	
TITLE	VD	3.1 TITLE	D	☑ Change ☐ Addition
NAME	HARVIE, DAVID M	3.2 NAME	YOUNG, ROBERT A.M.	
STREET ADDRESS	12403 COBBLESTON	3.3 STREET ADDRESS	3319 Lassiter Court S.W.	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	Calgary, Alberta, Canada T3E 6J8	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	WESTELL, BRUCE A.	4.2 NAME		
STREET ADDRESS	339 OAKSIDE CIRCLE SW	4.3 STREET ADDRESS		
CITY-ST-ZIP	CALGARY, ALBERTA CAN	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	LOVE, ALISON T.	5.2 NAME		
STREET ADDRESS	1327 FRONTENAC AVE SW	5.3 STREET ADDRESS		
CITY-ST-ZIP	CALGARY, ALBERTA CAN	5.4 CITY-ST-ZIP		
TITLE	AT	6.1 TITLE		☐ Change ☐ Addition
NAME	PENROSE, G.G.	6.2 NAME		
STREET ADDRESS	4216 BRITANNIA DR. SW	6.3 STREET ADDRESS		
CITY-ST-ZIP	CALGARY, ALBERTA CAN	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Alison T. Love February 13, 1995 (403) 267-8514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alison T. Love, Secretary

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