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

**PROFIT** 



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

CORPORATION ANNUAL REPO	
1996	
DOCUMENT  1. Corporation Name	#

P39107

(8)

MERCADO GAS SERVICES	INC.	
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25 Surte, Apt. #, etc.   Status Desired   \$8.755. Fee Ref.    City & State	opiied For ot Applicable Additional equired May Be to Fees
SUITE 800 AUSTIN TX 78701 US  3. Date Incorporated or Qualified 606/02/1992  2. Principal Place of Business 28. Mailing Address 29. Mailing Address 41. FEI Number 74-2447629 5. Certificate of Status Desired 58.75. Fee Re City & State 29. Country 29. Country 29. Country 39. Name and Address of Current Registered Agent CT CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324  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 recorgistered agent, or both, in the State of Horida's Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent families with, and accept the obligations of Sections 67.0505. Florida Statutes in Corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Horida's Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Horida's Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Horida's Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent with, and accept the obligations of Section 607.0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. STREET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. GUY-ST-2IP	oplied For ot Applicable Additional equired May Be to Fees
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Zip Country Zip Country	to Fees
25 29 30 Florida Statutes	99.032,
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83  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 reg 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 a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or pented name of negotimed agent and blood algorithms and accept the obligations of Section 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  PCD  Charge  KELLEY, PETER H  12. NAME  SIREEL ADDRESS  504 LAVACA, #800  1.3 STREEL ADDRESS  CITY-ST-ZIP  AUSTIN TX  14. CITY-ST-ZIP	
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83  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 record 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 a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature typed or protect agent and blood displacements Agent segrature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PCD DELETE  1.1 TITLE  NAME  KELLEY, PETER H  1.2 NAME  STREET ADDRESS  504 LAVACA, #800  AUSTIN TX  14 CITY-ST-ZIP	
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324  83  84 City FL  85 Zip of City FL  85 Street Address (P.O. Box Number is Not Acceptable)  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 reconformal arms with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature typed or printed name of registered agent and the inflavorable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE PCD DELETE 1.1 TITLE NAME  STREET ADDRESS 504 LAVACA, #800 1.3 STREET ADDRESS CITY-ST-ZIP AUSTIN TX 14 CITY-ST-ZIP	
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PLANTATION FL 33324  84 City  FL  85 Zip 0  86 City  FL  86 Signature types of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recorregistered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or printed name of registered agent and titled appointment as registered Agent signature required when reinstating DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  PCD  DELETE  1.1 TITLE  NAME  STREET ADDRESS  504 LAVACA, #800  1.3 STREET ADDRESS  CITY-ST-ZIP  AUSTIN TX  14 CITY-ST-ZIP	
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TITLE PCD OFFICERS AND DIRECTORS  IN PCD DELETE I. 1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  AUSTIN TX  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 recover 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or printed name of negstered agent and the disposable (NOTE Registered Agent signature required when renstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Change  NAME  SELLEY, PETER H  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  AUSTIN TX  14 CITY-ST-ZIP	
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or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature typed or printed name of negstered agent and the disposable   (NOTE: Registered Agent signature required when reinstating)   DATE     12.	
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Signature typed or printed nerve of registered agent and title if applicable (NOTE Registered Agent signature required when reinstitating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  PCD  KELLEY, PETER H  1.2 NAME  STREET ADDRESS  504 LAVACA, #800  1.3 STREET ADDRESS  CITY-ST-ZIP  AUSTIN TX  14 CITY-ST-ZIP	<b>J</b>
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  PCD  NAME  KELLEY, PETER H  1.2 NAME  STREET ADDRESS  504 LAVACA, #800  1.3 STREET ADDRESS  CITY-ST-ZIP  AUSTIN TX  14 CITY-ST-ZIP	
TITLE         PCD         □ DELETE         1.1 TITLE         □ Change           NAME         KELLEY, PETER H         1.2 NAME         1.2 NAME           STREET ADDRESS         504 LAVACA, #800         1.3 STREET ADDRESS           CITY-ST-ZIP         AUSTIN TX         14 CITY-ST-ZIP	S IN 12
NAME KELLEY, PETER H 1.2 NAME  STREET ADDRESS CITY-ST-ZIP AUSTIN TX 1.4 CITY-ST-ZIP	Addition
STREET ADDRESS CITY-ST-ZIP  504 LAVACA, #800 1.3 STREET ADDRESS 14 CITY-ST-ZIP	
U Doors	
	Addition
NAME ROBILLARD, THOMAS C 2.2 NAME	
STREET ADDRESS 504 LAVACA #800 2 3 STREET ADDRESS	
CITY-ST-ZIP AUSTIN TX 24 CITY-ST-ZIP	
	Addition
NAME MORGAN, DENNIS K 32 NAME	
STREET ADDRESS 504 LAVACA, #800 3.3 STREET ADDRESS	
CITY-ST-ZIP AUSTIN TX 3.4 CITY-ST-ZIP	
	Addition
NAME KVAPIL, DAVID J 42 NAME	
STREET ADDRESS 504 LAVACA, #800 43 STREET ADDRESS	
CITY-ST-ZIP AUSTIN TX 44 CITY-ST-ZIP	
NAME ENDRES, RONALD J 52 NAME	☐ Addition
STREET ADDRESS 504 LAVACA, #800 53 STREET ADDRESS	Addition
CITY-ST-ZIP AUSTIN TX 54 CITY-ST-ZIP	Addition
<b>■</b> •	Addition
NAME 62 NAME	Addition
STREET ADDRESS 6-3 STREET ADDRESS	
CITY-ST-ZIP  64 C-TY-ST-ZIP  14. I do hereby certify that the informations unplied with this filing is well attailly furnished and does not qualify for the example or stand in Section 1.10 07/2010. Excite State of the section 1.10 07/2010.	

Too mereby certify that the information supplied with this filing 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 the receiver or true of the execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or op an attact of the execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(512)370 -8222