

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P39107

(8)

1. Corporation Name  
MERCADO GAS SERVICES INC.

Principal Place of Business

604 LAVACA  
SUITE 800  
AUSTIN TX 78701  
US

Mailing Address

604 LAVACA  
SUITE 800  
AUSTIN TX 78701-2939  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30 9. Name and Address of Current Registered Agent

C T 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 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

(NO 11-12-95)

agent signature required when re-instating

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME KELLEY, PETER H  
STREET ADDRESS 504 LAVACA, #800  
CITY-ST-ZIP AUSTIN TX

TITLE V  
NAME ROBILLARD, THOMAS C  
STREET ADDRESS 504 LAVACA #800  
CITY-ST-ZIP AUSTIN TX

TITLE S  
NAME MORGAN, DENNIS K  
STREET ADDRESS 504 LAVACA, #800  
CITY-ST-ZIP AUSTIN TX

TITLE T  
NAME ENDRES, RONALD J  
STREET ADDRESS 504 LAVACA, #800  
CITY-ST-ZIP AUSTIN TX

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*[Signature]*

FILED  
May 08 1997 8:00am  
Secretary of State



3. Date Incorporated or Qualified 06/02/1992  
3a. Date of Last Report 05/01/1996  
4. FEI Number 74-2447629  
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  
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

I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the corporation.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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