

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90419 025 \*\*\*150.00

**DOCUMENT # P39107**

1. Entity Name

*Mercado Gas Services, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1301 S. Mo-Pac Expwy*

Suite, Apt. #, etc.

*Ste 400*

3. Mailing Address

*1301 S. Mo-Pac Expwy*

Suite, Apt. #, etc.

*Ste 400*

City & State

*Austin, TX*

City & State

*Austin, TX*

Zip

*78746*

Country

Zip

*78746*

Country

4. FEI Number

*74-2447629*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

*C. T. Corporation System*

Street Address (P.O. Box Number is Not Acceptable)

*1200 S. Pine Island Rd.*

City

*Plantation*

**FL**

Zip Code

*35324*

**DO NOT WRITE  
IN THIS SPACE**

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 reinsuring)

DATE

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<i>President</i>
NAME	<i>André C. Bouchard</i>
STREET ADDRESS	<i>One PEI Centre</i>
CITY - ST - ZIP	<i>Wilkes-Barre, PA 18711</i>
TITLE	<i>VP</i>
NAME	<i>Susan Groce</i>
STREET ADDRESS	<i>1301 S. Mo-Pac Expwy, Ste 400</i>
CITY - ST - ZIP	<i>Austin, TX 78746</i>
TITLE	<i>Treasurer</i>
NAME	<i>Richard N. Marshall</i>
STREET ADDRESS	<i>One PEI Ctr</i>
CITY - ST - ZIP	<i>Wilkes-Barre, PA 18711</i>
TITLE	<i>Secretary</i>
NAME	<i>Dennis K. Morgan</i>
STREET ADDRESS	<i>One PEI Ctr</i>
CITY - ST - ZIP	<i>Wilkes-Barre, PA 18711</i>
TITLE	<i>Controller</i>
NAME	<i>Jonathan A. Graf</i>
STREET ADDRESS	<i>One PEI Ctr</i>
CITY - ST - ZIP	<i>Wilkes-Barre, PA 18711</i>
TITLE	<i>Assistant Secretary</i>
NAME	<i>Mary Jo Casey</i>
STREET ADDRESS	<i>1301 S. Mo-Pac Expwy, Ste 400</i>
CITY - ST - ZIP	<i>Austin, TX 78746</i>

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary Jo Casey*

*Mary Jo Casey*

*04/30/2002*

*(512) 370-8406*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)