

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002597

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -8 PM 5:26

1. Entity Name
FINA NATURAL GAS COMPANY

Principal Place of Business 8000 LEGACY DRIVE PLANO TX 75024 US	Mailing Address P.O. BOX 2159 DALLAS TX 75221 US
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2. Principal Place of Business 800 Gessner Street	3. Mailing Address 800 Gessner Street
Suite, Apt. #, etc. Suite 700	Suite, Apt. #, etc. Suite 700

City & State Houston, TX	City & State Houston, TX
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Zip 77024	Country	Zip 77024	Country
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4. FEI Number 75-2334559	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
200003851432--7
City
03/13/01 D1121 002
*****300.00L*** 150.00**

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 resigning) 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASH, EDWARD A 7400 BREAKERS LANE PLANO TX 75025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC GODFREY, CULLEN 5308 BLACK HAWK PLANO TX 75093	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDERSON, BRUCE 8911 CLAYCO DALLAS TX 75243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETIT, GEOFFREY 6605 ROLLING VISTA DALLAS TX 75248	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIDDLETON, LINDA 615 LAKESHORE DRIVE LITTLE ELM TX 75068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKS, JAMES 300 LEGACY DRIVE 1112 PLANO TX 75023	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO Jacques Lafond 800 Gessner St., Suite 700 Houston, TX 77024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/COO J. Mark Ingram 800 Gessner Street, Suite 700 Houston, TX 77024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/GC/S 800 Gessner Street, Suite 700 Houston, TX 77024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/T Gary Craven 800 Gessner Street, Suite 700 Houston, TX 77024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/AT Jennifer Oswald 800 Gessner Street, Suite 700 Houston, TX 77024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jean-Pierre Mateille 800 Gessner Street, Suite 700 Houston, TX 77024	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 207, 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: Gary M. Craven **Gary M. Craven** 2/22/01 713-647-4011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OFFICER/REGISTRAR