

1.) CORPORATION NAME:

El Paso Remediation Company

DUE DATE: **5/31/2011**

SCC ID NO: **F1107905**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1001 LOUISIANA STREET

CITY/ST/ZIP: HOUSTON, TX 77002-5089

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DANA L CUPIT
TITLE: VICE PRESIDENT
ADDRESS: 1001 LOUISIANA STREET
CITY/ST/ZIP/CO: HOUSTON, TX 77002-5089

OFFICER

DIRECTOR

NAME: MARICA L. BRAZAITIS
TITLE: TAX OFFICER
ADDRESS: 1001 LOUISIANA STREET
CITY/ST/ZIP/CO: HOUSTON, TX 77002-

OFFICER

DIRECTOR

NAME: MARGUERITE WOUNG- CHAPMAN
TITLE: DIR/PRES/CEO
ADDRESS: 1001 LOUISIANA STREET
CITY/ST/ZIP/CO: HOUSTON, TX 77002-5089

OFFICER

DIRECTOR

NAME: JOHN R. SULT
TITLE: ExeVP& Counsel
ADDRESS: 1001 LOUISIANA STREET
CITY/ST/ZIP/CO: HOUSTON, TX 77002-5089

OFFICER

DIRECTOR

NAME: ROBERT W. BAKER
TITLE: ExeVP& Counsel
ADDRESS: 1001 LOUISIANA STREET
CITY/ST/ZIP/CO: HOUSTON, TX 77002-5089

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORRIE I. SWINK TAX OFFICER 1001 LOUISIANA STREET HOUSTON, TX 77002-5089	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLYDE TYREE CROOK TAX OFFICER 1001 LOUISIANA STREET HOUSTON, TX 77002-5089	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARCIA L. BRAZAITIS TAX OFFICER 1001 LOUISIANA STREET HOUSTON, TX 77002-5089	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STACY J JAMES SECRETARY 1001 LOUISIANA STREET HOUSTON, TX 77002-5089	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOYCE ALLEN-DENNIS ASST SECRETARY 1001 LOUISIANA STREET HOUSTON, TX 77002-5089	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN D. BISHOP ASST SECRETARY 1001 LOUISIANA STREET HOUSTON, TX 77002-5089	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LORRIE I. SWINK	LORRIE I. SWINK, TAX OFFICER	5/20/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.