

1.) CORPORATION NAME:

**INFRASOURCE PIPELINE FACILITIES, INC.**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1485632**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11712 STATESVILLE RD

CITY/ST/ZIP: HUNTERSVILLE, NC 28078

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:	DAREN E. AUSTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1608 MARGARET STREET		
CITY/ST/ZIP/CO:	HOUSTON, TX 77093		

NAME:	JAMES H. HADDOX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/AS		
ADDRESS:	2800 POST OAK BLVD STE 2600		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056		

NAME:	SCOTT RUSHING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11712 STATESVILLE RD		
CITY/ST/ZIP/CO:	HUNTERSVILLE, NC 28078		

NAME:	CECIL D. BRADFORD III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	11712 STATESVILLE RD		
CITY/ST/ZIP/CO:	HUNTERSVILLE, NC 28078		

NAME:	EARL C. AUSTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1608 MARGARET STREET		
CITY/ST/ZIP/CO:	HOUSTON, TX 77093		

NAME:	LESLIE D. SACKETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/VP		
ADDRESS:	1608 MARGARET STREET		
CITY/ST/ZIP/CO:	HOUSTON, TX 77093		

NAME:	THOMAS C. TISE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	920 MEMORIAL CITY WAY		
CITY/ST/ZIP/CO:	STE 650 HOUSTON, TX 77024		

NAME:	PETER B. O'BRIEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AS		
ADDRESS:	2800 POST OAK BLVD STE 2600		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056		

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.

<u>/s/ PETER B. O'BRIEN</u>	<u>PETER B. O'BRIEN, VP/AS</u>	<u>8/21/2012</u>
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.