

**PIPELINE
ANNUAL REPORT**

OF

BP Oil Pipeline Company

If name was changed during year, show also the
previous name and date of change.

(N/A)

Website URL: (none)

630-836-3446

Phone: (Area Code) Number

28100 Torch Parkway, Ste. 6S; Address	Warrenville, City	Dupage Co., IL County State	60555 Zip Code
(Address of principal business office at end of year)			

**TO THE
PUBLIC UTILITIES COMMISSION OF OHIO**



**FOR THE
YEAR ENDED DECEMBER 31, 2008**

Name, title, address, e-mail address, telephone and fax numbers (including area code) of the person to be contacted concerning this report.

Mitchell D. Jones, Manager Tariffs and Regulatory Affairs, mitch.jones@bp.com

Phone: 630-836-3446, FAX: 630-836-3580

HISTORY

1.	Date of organization. <u>12/24/1986</u>
2.	Under the laws of what Government, State or Territory organized? If more than one, name all. General Corporate Laws of the State of Delaware _____ _____ _____
3.	If a consolidated or merged company, name all constituent and all merged companies. N/A _____ _____ _____
4.	Date and authority for each consolidation and each merger. N/A _____ _____ _____
5.	State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual. Corporation _____ _____
6. If a reorganized company, given name of original corporation, refer to laws under which it was organized, and state the occasion for the reorganization. N/A _____	
7. State whether or not, the respondent during the year conducted any part of its business under a name or names, other than show, in response to the name of the company making this report. N/A _____	
8.	Where are the books and records of the company kept? Warrenville, IL _____ _____
9.	Name below all classes of public service furnished by the respondent. Interstate Crude Oil Pipeline service in the States of LA, MS, TN, KY, and IL. _____ _____ _____
10.	Number of locations within Ohio. None. _____ _____ _____

IDENTITY OF RESPONDENT

1. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual. Corporation
2. Date when operations began. 1987
3. If a consolidated or merged company, give names of each such incident, date, and Commission authority. If a reorganized company, give name of original corporation. N/A
4. If incorporated specify (a) Date of filing articles of incorporation, 12/24/1986
(b) State in which incorporated, Delaware
5. Commission Case Number granting operating authority and date issued.
6. State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown Title Page; if so, give full particulars. None
7. Description of general service territory. None
8. List all affiliated companies with whom the respondent does business and their relationship to the respondent. If respondent is a partnership, provide this information for each partner. (Use separate page(s) if needed). BP Pipelines N.A., Inc.
State whether the affiliate is (a) a regulated public utility or, (b) a publicly held corporation. (a)
9. Did any corporation or corporations, telephone or other, hold control over the respondent at the close of the year? yes If control was so held, state: BP Pipelines, N.A., Inc.
 - a. The name and address of the controlling corporation or corporations. same
 - b. The form of control, whether sole or joint. sole
 - c. The extent of control. 100%
 - d. Whether control was direct or indirect. direct
 - e. If indirect, the name and address of the intermediary through which control was established.
10. Did any individual, association, or corporation hold control, as trustee, over the respondent at the close of the year? _____ If control was so held, state: No
 - a. The name and address of the trustee.
 - b. The name and address of the beneficiary or beneficiaries for whom the trust was maintained, if available.

11. Did the respondent hold control over other corporations at the close of the year? _____
If so, state: NO

- a. The name and address of corporation or corporations controlled.
- b. The form of control, whether sole or joint.
- c. Other parties, if any, to joint agreement for control.
- d. The extent of control.
- e. Whether control is direct or indirect.
- f. If indirect, the name and address of the intermediary through which control was established.

Schedule 20 Statement of Intrastate Gross-Earnings (1)

Line No.	Item	Total Company	Other than Ohio Intrastate	Ohio Intrastate
1	Operating and Misc. Revenue	\$20,607,175	\$20,607,175	0
2	Other Revenue	0	0	0
3	Subtotal (1+2)	\$20,607,175	\$20,607,175	0
4	Earnings or receipts from sales to other public utilities for resale	0	0	0
5	Total (3+4)	\$20,607,175	\$20,607,175	0

FACTS PERTAINING TO CONTROL OF RESPONDENT-See Attached FERC Form 6

SCHEDULE: 35

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

**Name, Title, Address, and Phone Number of the Company's Contact Persons
to Receive Entries and Orders from the Docketing Division**

Mitchell D. Jones Manager, Tariffs and Regulatory Affairs and Chief Compliance Officer of Operator
Name Title

28100 Torch Parkway, Suite 6S, Warrenville, IL 60555
Address

630-836-3446
Phone Number (Including Area Code)

**Name, Title, Address, and Phone Number of Person to whom Invoice
should be Directed**

Mitchell D. Jones Manager, Tariffs and Regulatory Affairs and Chief Compliance Officer of Operator
Name Title

28100 Torch Parkway, Suite 6S, Warrenville, IL 60555
Address

630-836-3446
Phone Number (Including Area Code)

Name and Address of the President

Jim Lamanna
Name President

28100 Torch Parkway, Suite 6N; Warrenville, IL 60555
Address

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

State of Illinois
County of DuPage

Mitchell D. Jones makes oath and says that
(Insert here the name of the affiant.)

he/she is the Chief Compliance Officer of the Operator (BP Pipelines, N.A., Inc) _____
(Insert here the official title of deponent)

of BP Oil Pipeline Company
(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of his knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 2008, to and including December 31, 2008.

Mitchell D. Jones
(Signature of affiant.)

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

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in

Case No(s). 09-0001-AU-UNC

Summary: Annual Report BP Oil Pipeline Company Annual Report Filing electronically filed by Mr. Mitchell D Jones on behalf of BP Oil Pipeline Company