

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809144

1. Entity Name

AMERADA HESS CORPORATION

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90005 038 \*\*\*150.00

Principal Place of Business  
1 HESS PLAZA  
WOODBIDGE, NJ 07095

Mailing Address  
1 HESS PLAZA  
WOODBIDGE, NJ 07095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4921002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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 reinstating)

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, 2000 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  
T  
JAMIN, GERALD A.  
6 CHEDWORTH RD  
SCARSDALE, NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HESS, LEON  
625 PARK AVE  
NEW YORK, NY ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HESS, JOHN B.  
778 PARK AVE  
NEW YORK, NY ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCOO  
LAIDLAW, SAM  
MEAD FARM, 15 PEAR LANE  
GREENWICH, CN ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DEVERIN, BERNARD T.  
809 NAVERSINK RIVER RD  
LOCUST, NY ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRADY, NICHOLAS F.  
102 EAST DOVER ST  
EASTON, MD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
COLLINS, J. BARCLAY  
TWO MONTAGUE  
NEW YORK, NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MAY, R.K.  
1 HESS PLAZA  
WOODBIDGE, NJ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LYNETT, JOHN J.  
33 WINTHROP DRIVE  
HOLMDEL, NJ ☒ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.J. LYNETT VICE PRESIDENT 4/11/00 (732) 750-6000

Date

Daytime Phone #

CR2E034 (9/99)