## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2002 8:00 am Secretary of State F01000000591 DOCUMENT # 1. Entity Name 05-08-2002 90004 010 \*\*\*150.00 PURE RESOURCES I. INC. Principal Place of Business Mailing Address 500 WEST ILLINOIS 500 WEST ILLINOIS MIDLAND TX 79701 MIDLAND TX 79701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2591874 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCE0 TITLE V/Controller ☐ Delete TITLE X Addition NAME HIGHTOWER, JACK NAME BENFATTI, JOHN STREET ADDRESS **500 WEST ILLINOIS** STREET ADDRESS 500 WEST ILLINOIS CITY-ST-ZIP MIDLAND TX 79701 CITY-ST-ZIP MIDLAND TX 79701 V/S ☐ Delete TITLE ☐ Change X Addition NAME STALEY, GEORGE G NAME ROWLAND, SUSAN STREET ADDRESS STREET ADDRESS **500 WEST ILLINOIS** 500 WEST ILLINOIS CITY-ST-ZIP MIDLAND TX 79701 CITY-ST-7IP MIDLAND TX 79701 TITLE **VCFO** ☐ Delete T (Asst Controller) TITLE Change X Addition NAME WHITE, WILLIAM K NAME HOLDERNESS, DARIN G. STREET ADDRESS **500 WEST ILLINOIS** STREET ADDRESS 500 WEST ILLINOIS CITY-ST-ZIP MIDLAND TX 79701 CITY-ST-ZIP MIDLAND TX 79701 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WOODARD, ROBERT L STREET ADDRESS **500 WEST ILLINOIS** STREET ADDRESS CITY-ST-7IP MIDLAND TX 79701 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME COLWELL, DAN P МАМЕ STREET ADDRESS **500 WEST ILLINOIS** STREET ADDRESS CITY-ST-ZIP MIDLAND TX 79701 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition MOORE, THOMAS H NAME STREET ADDRESS **500 WEST ILLINOIS** STREET ADDRESS CITY-ST-ZIP MIDLAND TX 79701 CITY-ST-ZIP

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 of 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 at the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 part of the corporation o

SIGNATURE: (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARIN G. HOLDERNESS 4/30/02

(915) 498-8600

FILED

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