


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90015 028 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000007132					
1. Corporation Name CHEVRON ENVIRONMENTAL MANAGEMENT COMPANY					
Principal Place of Business SUITE 3810, 575 MARKET STREET SAN FRANCISCO CA 94105			Mailing Address SUITE 3810, 575 MARKET STREET SAN FRANCISCO CA 94105		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 575 Market Street		12/31/1998	
22 City & State		27 Suite, Apt. #, etc. Room 2648		4. FEI Number 94-6062988	
23 Zip Country		28 City & State San Francisco, CA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 94105 30 US		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VANCE, A H			1.2 NAME		
STREET ADDRESS 575 MARKET ST., STE 3810			1.3 STREET ADDRESS 6001 BOLLINGER CANYON RD.		
CITY-ST-ZIP SAN FRANCISCO CA			1.4 CITY-ST-ZIP SAN RAMON, CA 94583		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WALKER, H P			2.2 NAME		
STREET ADDRESS 575 MARKET ST., STE 3810			2.3 STREET ADDRESS 575 MARKET STREET		
CITY-ST-ZIP SAN FRANCISCO CA			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CARTER, G K			3.2 NAME		
STREET ADDRESS 575 MARKET ST., STE 3810			3.3 STREET ADDRESS 575 MARKET STREET		
CITY-ST-ZIP SAN FRANCISCO CA			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BYERS III, V L			4.2 NAME		
STREET ADDRESS 575 MARKET ST., STE 3810			4.3 STREET ADDRESS 4900 CALIFORNIA AVENUE		
CITY-ST-ZIP SAN FRANCISCO CA			4.4 CITY-ST-ZIP BAKERSFIELD, CA 93309		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME FARBER, C R			5.2 NAME		
STREET ADDRESS 575 MARKET ST., STE 3810			5.3 STREET ADDRESS 575 MARKET STREET		
CITY-ST-ZIP SAN FRANCISCO CA			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME JONES JR, J H			6.2 NAME		
STREET ADDRESS 575 MARKET ST., STE 3810			6.3 STREET ADDRESS 225 BUSH STREET		
CITY-ST-ZIP SAN FRANCISCO CA			6.4 CITY-ST-ZIP SAN FRANCISCO, CA 94104		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. N. MacFarlane **C. N. MACFARLANE** MAR 25 1999 415-894-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000417

CR2E034 (11/98)