

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

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May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

CERTIFICATE DATE 1

DOCUMENT # P04532 (8)
1. Corporation Name
NATURAL GAS ODORIZING, INC.



Principal Place of Business: 1579 EAST 21ST TULSA OK 74114
Mailing Address: 1579 EAST 21ST TULSA OK 74114-1303

3. Date Incorporated or Qualified: 12/28/1984
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business: 21 5005 LBJ Freeway, Suite, Apt. #, etc.:
22 City & State: 23 Dallas TX, Zip: 24 75244, Country: 25 USA
2a. Mailing Address: 26 P.O. Box 300, Suite, Apt. #, etc.: 27 Attn: State Tax, City & State: 28 Tulsa OK, Zip: 29 74102, Country: 30 USA

4. FEI Number: 76-0120628, Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____ DATE: _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	DELETED <input checked="" type="checkbox"/>	1.1 TITLE: P/D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: HELMERICH, HANS		1.2 NAME: JOHNSON, J. T.	
STREET ADDRESS: 2736 E 44 ST.		1.3 STREET ADDRESS: 3601 DECKER DR.	
CITY-ST-ZIP: TULSA OK		1.4 CITY-ST-ZIP: BAYTOWN TX 77521	
TITLE: VDS	DELETED <input checked="" type="checkbox"/>	2.1 TITLE: V/S/D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: MACKAY, STEVE R.		2.2 NAME: McDOLE, KEITH C.	
STREET ADDRESS: 3001 N. WILD MT. ROAD		2.3 STREET ADDRESS: 5005 LBJ FREEWAY	
CITY-ST-ZIP: TULSA OK		2.4 CITY-ST-ZIP: DALLAS TX 75244	
TITLE: P	DELETED <input checked="" type="checkbox"/>	3.1 TITLE: AT	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: JOHNSON, J T		3.2 NAME: GREEN, SHELLEY D.	
STREET ADDRESS: 1579 E 21ST		3.3 STREET ADDRESS: 10889 WILSHIRE BLVD.	
CITY-ST-ZIP: TULSA OK		3.4 CITY-ST-ZIP: LOS ANGELES CA 90024	
TITLE: VTD	DELETED <input checked="" type="checkbox"/>	4.1 TITLE: AS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: FEARS, DOUGLAS E.		4.2 NAME: ROSS, DAVID G.	
STREET ADDRESS: 2972 E. 78TH ST.		4.3 STREET ADDRESS: 110 WEST 7TH ST.	
CITY-ST-ZIP: TULSA OK		4.4 CITY-ST-ZIP: TULSA, OK 74119	
TITLE:	DELETED <input type="checkbox"/>	5.1 TITLE: D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME:		5.2 NAME: HIRL, J. ROGER	
STREET ADDRESS:		5.3 STREET ADDRESS: 5005 LBJ FREEWAY	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: DALLAS TX 75244	
TITLE:	DELETED <input type="checkbox"/>	6.1 TITLE: D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME:		6.2 NAME: STORY, DR. LESLIE J.	
STREET ADDRESS:		6.3 STREET ADDRESS: 5005 LBJ FREEWAY	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP: DALLAS TX 75244	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4-24-97 (918) 561-3497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

OCcidental PETROLEUM CORPORATION

BOX 300

TULSA, OKLAHOMA 74102

CORPORATE TAX DEPARTMENT

(918) 561-4721

May 15, 1997

CERTIFIED MAIL

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

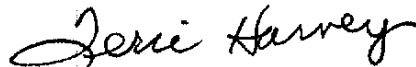
Re: Natural Gas Odorizing, Inc.
Ref. Number P04532
Letter No.: 397A0004426
1997 Annual Report

Annual Reports Section:

In regard to the above referenced annual report, please be advised that the registered agent did not change as was originally reported. The report has been corrected and is enclosed, along with our check in the amount of \$165.00, for your timely filing.

Thank you for your assistance in this matter.

Sincerely,



Terri Harvey
Administrative Assistant

th\
Enclosures

c: D. G. Jackson
N. C. Moore
D. G. Ross

CERTIFIED MAIL # 038225
DATE MAILED MAY 15 1997