

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P04804** (1)

1. Corporation Name

USA PETROLEUM CORPORATION



Principal Place of Business

30101 AGOURA COURT
200
AGOURA HILLS CA 91301
US

Mailing Address

30301 AGOURA COURT
200
AGOURA HILLS CA 91301
US

3. Date Incorporated or Qualified
01/28/1985

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-3942080

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

(Signature, typed or printed name of registered agent and board of directors)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
MOLLER, JOHN J.**
STREET ADDRESS **2701 OCEAN PRK BLVD 210**
CITY-STATE-ZIP **SANTA MONICA CA**

TITLE ☐ DELETE

NAME **VD
CONANT, MARK**
STREET ADDRESS **2701 OCEAN PRK BLVD 210**
CITY-STATE-ZIP **SANTA MONICA CA**

TITLE ☐ DELETE

NAME **S
SCHYLER, LYLE**
STREET ADDRESS **2701 OCEAN PRK BLVD 210**
CITY-STATE-ZIP **SANTA MONICA CA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Chairman of the Board**
1.3 STREET ADDRESS **Moller, John J.**
1.4 CITY-STATE-ZIP **30101 Agoura Ct., Suite 200**
Agoura Hills, CA 91301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **President**
2.3 STREET ADDRESS **Conant, Mark**
2.4 CITY-STATE-ZIP **30101 Agoura Ct., Suite 200**
Agoura Hills, CA 91301

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Secretary**
3.3 STREET ADDRESS **Schlyer, Lyle J.**
3.4 CITY-STATE-ZIP **30101 Agoura Ct., Suite 200**
Agoura Hills, CA 91301

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Treasurer**
4.3 STREET ADDRESS **Mary Lee**
4.4 CITY-STATE-ZIP **30101 Agoura Ct., Suite 200**
Agoura Hills, CA 91301

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Mark Conant Mark Conant, President 01/19/96 818-865-9022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)