2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 07, 2002 8:00 am Secretary of State **DOCUMENT #** P04804 1. Entity Name 02-07-2002 90303 048 ***150.00 USA PETROLEUM CORPORATION Principal Place of Business Mailing Address 30101 AGOURA COURT 30301 AGOURA COURT AGOURA HILLS CA 91301 AGOURA HILLS CA 91301 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 95-3942080 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change Delete TITLE. TITLE COB NAME MOLLER, JOHN J. NAME STREET ADDRESS 30101 AGOURA CT., SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AGOURA HILLS CA ☐ Addition Change Delete TITLE P TITLE NAME NAME CONANT, MARK 30101 AGOURA CT., SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AGOURA HILLS CA TITLE ☐ Change ☐ Addition Delete NAME NAME SCHYLER, LYLE STREET ADDRESS 30101 AGOURA CT., SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AGOURA HILLS CA** TITLE Change Addition ☐ Delete TITLE NAME NAME LEE. MARY STREET ADDRESS STREET ADDRESS 30101 AGOURA CT., SUITE 200 CITY-ST-ZIP CITY-ST-ZIP AGOURA HILLS CA [Change Addition ☐ Delete TITLE TITLE NAME NAME QUALLS, KRISTON D STREET ADDRESS STREET ADDRESS 30101 AGOURA CT #2000 CITY-ST-ZIP AGOURA HILLS CA 91301 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Kriston D. Qualls

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