

**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 # P16004 (4)

1. Corporation Name  
**TEXACO OVERSEAS HOLDINGS, INC.**



Principal Place of Business: 2000 WESTCHESTER AVE. WHITE PLAINS NY 10650 US  
Mailing Address: 1111 BAGBY STREET PO BOX 4696 HOUSTON TX 77210-4696 US

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	09/17/1987		05/01/1995
4.	FEI Number	Applied For	
	58-1594519	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP BLACK, C. R. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, C. R.	1.2 NAME	
STREET ADDRESS	2000 WESTCHESTER AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY	1.4 CITY-ST-ZIP	
TITLE	AS KOCH, R.E. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, R.E.	2.2 NAME	
STREET ADDRESS	2000 WESTCHESTER AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY	2.4 CITY-ST-ZIP	
TITLE	S DAVIDSON, C.B. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, C.B.	3.2 NAME	
STREET ADDRESS	2000 WESTCHESTER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY	3.4 CITY-ST-ZIP	
TITLE	CD BIJUR, PI <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIJUR, PI	4.2 NAME	600001836328
STREET ADDRESS	2000 WESTCHESTER AVENUE	4.3 STREET ADDRESS	-05/23/96--01015--036
CITY-ST-ZIP	WHITE PLAINS NY	4.4 CITY-ST-ZIP	***1800.00
TITLE	SVPD DOYLE, W. P. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, W. P.	5.2 NAME	
STREET ADDRESS	2000 WESTCHESTER AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Asst. Secretary
STREET ADDRESS		6.3 STREET ADDRESS	W.L. Soula
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1111 Bagby St. Houston TX 77002

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/25/96 (713) 757-6165  
Deregistration # 91

CR2E034 (12/95)