

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **203759** (6)  
1. Corporation Name  
**CHARTER OIL COMPANY**



Principal Place of Business <b>5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659</b>	Mailing Address <b>5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1957</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-0824771</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARSON, THOMAS P	1.2 NAME	James J. Miller
STREET ADDRESS	5700 WILSHIRE BOULEVARD	1.3 STREET ADDRESS	5700 Wilshire Boulevard
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	Los Angeles, CA
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, JOHN E	2.2 NAME	Lise A. Schneider
STREET ADDRESS	4855 SALISBURY RD STE 399	2.3 STREET ADDRESS	5700 Wilshire Boulevard
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Los Angeles, CA
TITLE	SVS <input type="checkbox"/> DELETE	3.1 TITLE	SV/GC/S/Admin/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCHILL, SALLY	3.2 NAME	
STREET ADDRESS	5700 WILSHIRE BLVD STE 575	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE	SVCT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUGHLAN, KATHLEEN	4.2 NAME	Greer C. Bosworth
STREET ADDRESS	5700 WILSHIRE BOULEVARD	4.3 STREET ADDRESS	5700 Wilshire Boulevard
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	Los Angeles, CA
TITLE	VAT <input type="checkbox"/> DELETE	5.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDSBAUM, ROSS G	5.2 NAME	
STREET ADDRESS	5700 WILSHIRE BLVD STE 575	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	6.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMANN, PETER H	6.2 NAME	
STREET ADDRESS	5700 WILSHIRE BLVD STE 575	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	6.4 CITY-ST-ZIP	

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.

SIGNATURE:  John E. Ross, V.P. 4/21/98 904-281-4488

CR2E034 (10/97)