

**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 # 617461 (9)**

1. Corporation Name  
**CHARTER OIL (BAHAMAS), INC.**



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>04/13/1979</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1948608</b>
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	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

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>EVD</b>	<input checked="" type="checkbox"/>
NAME	<b>CARSON, THOMAS P</b>	
STREET ADDRESS	<b>5700 WILSHIRE BOULEVARD</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/>
NAME	<b>ROSS, JOHN E</b>	
STREET ADDRESS	<b>4855 SALISBURY RD STE 399</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>SVS</b>	<input type="checkbox"/>
NAME	<b>SUCHIL, SALLY</b>	
STREET ADDRESS	<b>5700 WILSHIRE BLVD STE 575</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>SVCT</b>	<input checked="" type="checkbox"/>
NAME	<b>COUGHLAN, KATHLEEN</b>	
STREET ADDRESS	<b>5700 WILSHIRE BOULEVARD</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>BACHMANN, PETER H</b>	
STREET ADDRESS	<b>5700 WILSHIRE BOULEVARD</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>VAT</b>	<input type="checkbox"/>
NAME	<b>LANDSBAUM, ROSS G</b>	
STREET ADDRESS	<b>5700 WILSHIRE BLVD STE 575</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	<b>V/AT</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>James J. Miller</b>		
1.3 STREET ADDRESS	<b>5700 Wilshire Boulevard</b>		
1.4 CITY-ST-ZIP	<b>Los Angeles, CA</b>		
2.1 TITLE	<b>V</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Lise A. Schneider</b>		
2.3 STREET ADDRESS	<b>5700 Wilshire Boulevard</b>		
2.4 CITY-ST-ZIP	<b>Los Angeles, CA</b>		
3.1 TITLE	<b>SV/GC/S/Admin/D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>AS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Greer C. Bosworth</b>		
4.3 STREET ADDRESS	<b>5700 Wilshire Boulevard</b>		
4.4 CITY-ST-ZIP	<b>Los Angeles, CA</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<b>V/T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)