FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE

DOCUMENT # 685929 (2)

1. Corporation Name
ALASKA OIL COMPANY, INC.

Principal Place of Business
5700 WILSHIRE BOULEVARD
SUITE 575
LOS ANGELES CA 90036-3659

Mailing Address
5700 WILSHIRE BOULEVARD
SUITE 575
LOS ANGELES CA 90036-3659

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1980
3a. Date of Last Report: 08/24/1994
4. FEI Number: 59-2027897 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1 1 TITLE	V, Taxes and Finance ☐ Change ☒ Addition
NAME	ROSS, JOHN E	1 2 NAME	Ross G. Landsbaum
STREET ADDRESS	4655 SALISBURY RD	1 3 STREET ADDRESS	5700 Wilshire Boulevard, Ste 575
CITY ST ZIP	JACKSONVILLE FL	1 4 CITY ST ZIP	Los Angeles, CA 90036-3659
TITLE	PTD	2 1 TITLE	☐ Change ☐ Addition
NAME	CARSON, THOMAS P	2 2 NAME	
STREET ADDRESS	5700 WILSHIRE BOULEVARD	2 3 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES CA 90036-3659	2 4 CITY ST ZIP	
TITLE	VASD	3 1 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, THOMAS W	3 2 NAME	
STREET ADDRESS	200 S ANDREWS AVENUE	3 3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	3 4 CITY ST ZIP	
TITLE	SV	4 1 TITLE	☐ Change ☐ Addition
NAME	FAIRBANKS, GREGORY K	4 2 NAME	
STREET ADDRESS	200 S. ANDREWS AVENUE	4 3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33301-1860	4 4 CITY ST ZIP	
TITLE	VC	5 1 TITLE	☐ Change ☐ Addition
NAME	COUGHLAN, KATHLEEN	5 2 NAME	
STREET ADDRESS	5700 WILSHIRE BOULEVARD	5 3 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES CA 90036-3659	5 4 CITY ST ZIP	
TITLE	VAS	6 1 TITLE	☐ Change ☐ Addition
NAME	BACHMANN, PETER H	6 2 NAME	
STREET ADDRESS	5700 WILSHIRE BOULEVARD	6 3 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES CA 90036-3659	6 4 CITY ST 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: [signature] 5/12/95 904-281-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John E. Ross, Vice President

0393016 CP