

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

95 MAY 10 AM 10:35

DOCUMENT # **697802**

(7)

SAWYER & LATIMER, P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\* THOMAS R SAWYER, C.P.A.  
6550 N. FEDERAL HIGHWAY, #220  
FT LAUDERDALE FL 33308

\* THOMAS R SAWYER, C.P.A.  
6550 N. FEDERAL HIGHWAY, #220  
FT LAUDERDALE FL 33308

(WRITE IN THIS SPACE)

|                                                                                      |  |                      |  |                                                                                       |  |                                                                     |  |
|--------------------------------------------------------------------------------------|--|----------------------|--|---------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. This report is due on or before:                                                  |  | 2a. Mailing Address: |  | 3. Date of preparation of report:                                                     |  | 3a. Date of last report:                                            |  |
| 21                                                                                   |  | 26                   |  | 08/06/1981                                                                            |  | 04/29/1994                                                          |  |
| 22                                                                                   |  | 27                   |  | 4. FEI Number:                                                                        |  | Applied For                                                         |  |
| 23                                                                                   |  | 28                   |  | 59-2113148                                                                            |  | Not Applicable                                                      |  |
| 24                                                                                   |  | 25                   |  | 5. Certificate of Status Desired:                                                     |  | \$8.75 Additional Fee Required                                      |  |
| 29                                                                                   |  | 30                   |  | 6. Election Campaign Financing Trust Fund Contribution:                               |  | \$5.00 May Be Added to Fees                                         |  |
| 31                                                                                   |  | 32                   |  | 8. This corporation has liability for interstate tax under the 1994 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                                          |  |                                                                     |  |
| SAWYER, THOMAS R., C.P.A.<br>6550 N. FEDERAL HIGHWAY, #220<br>FT LAUDERDALE FL 33308 |  |                      |  | 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 Chapters 600, 601, and 602, 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 a resident of the State of Florida and I am not a corporation.

SIGNATURE:

(Type name of corporation and name of registered agent)

(Type name of corporation and name of registered agent)

(Type name of corporation and name of registered agent)

|                            |                          |                                                  |                                                                   |
|----------------------------|--------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |                                                                   |
| 1. NAME                    | PD SAWYER, THOMAS R      | 1. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS          | 6550 N. FEDERAL HWY #220 | 2. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. CITY                    | FT LAUDERDALE, FL 00000  | 3. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME                    |                          | 4. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. STREET ADDRESS          |                          | 5. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. CITY                    |                          | 6. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME                    |                          | 7. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. STREET ADDRESS          |                          | 8. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. CITY                    |                          | 9. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                          | 10. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. STREET ADDRESS         |                          | 11. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. CITY                   |                          | 12. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. NAME                   |                          | 13. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. STREET ADDRESS         |                          | 14. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. CITY                   |                          | 15. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 600.01(2)(b) Florida Statutes. I further certify that the information included 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 this corporation or the owner or proprietor of the business and I am not a corporation, and that my name appears in Block 12 of this report or supplemental report with an address.

Thomas R. Sawyer

SIGNATURE:

*Thomas R. Sawyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/95

305-491-7233

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Skidmore  
Secretary of State  
Tallahassee, Florida 32399-0001

DOCUMENT # 698197

(1)

REBCON CORPORATION

MAY 10 1995

RECEIVED

DO NOT WRITE IN THIS SPACE

|                                                                        |                           |                                                                                        |  |                                               |                                       |
|------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------|--|-----------------------------------------------|---------------------------------------|
| 1. Principal Office Address<br>PO BOX 220<br>FLGLER BCH FL 32136<br>US |                           | 2a. Mailing Address<br>PO BOX 220<br>FLGLER BCH FL 32136<br>US                         |  | 3. Date Incorporated or Created<br>08/10/1981 | 3a. Date of Last Report<br>04/12/1994 |
| 2. Principal Office Telephone<br>21                                    | 2b. Mailing Address<br>26 | 4. FIC Number<br>59-2119518                                                            |  | Applied For<br>Not Applicable                 |                                       |
| 22                                                                     | 27                        | 5. Certificate of Status Desired<br><input type="checkbox"/>                           |  | \$8.75 Additional Fee Required                |                                       |
| 23                                                                     | 28                        | 6. Election Campaign Financing<br>Trust Fund Contributions<br><input type="checkbox"/> |  | \$5.00 May Be Added to Fees                   |                                       |
| 24                                                                     | 25                        | 29                                                                                     |  | 30                                            |                                       |
| 25                                                                     |                           | 29                                                                                     |  | 30                                            |                                       |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARTHUR M. BARR  
2628 S. CENTRAL AVE.  
FLGLER BCH. FL 32136

|                                                        |    |
|--------------------------------------------------------|----|
| 81. Name                                               |    |
| 82. Street Address (P.O. Box Number is Not Applicable) |    |
| 83.                                                    |    |
| 84. City                                               | FL |
| 85. Zip Code                                           |    |

11. Pursuant to the provisions of Sections 607.01 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 607.01, Florida Statutes.

SIGNATURE

Print Name of Agent or Director of Corporation

Print Name of Agent or Director of Corporation

Print Name

| 12. OFFICERS AND DIRECTORS |                                                                  | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |                                                                   |
|----------------------------|------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | PC<br>BARR, ARTHUR M.<br>2628 S. CENTRAL AVE.<br>FLGLER BEACH FL | NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                  | STREET ADDRESS                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY                       |                                                                  | CITY                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE                      |                                                                  | STATE                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP CODE                   |                                                                  | ZIP CODE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                  | NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                  | STREET ADDRESS                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY                       |                                                                  | CITY                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE                      |                                                                  | STATE                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP CODE                   |                                                                  | ZIP CODE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                  | NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                  | STREET ADDRESS                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY                       |                                                                  | CITY                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE                      |                                                                  | STATE                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP CODE                   |                                                                  | ZIP CODE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                  | NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                  | STREET ADDRESS                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY                       |                                                                  | CITY                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE                      |                                                                  | STATE                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP CODE                   |                                                                  | ZIP CODE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished, and I am not liable for the exemption rights as provided in Section 607.01, Florida Statutes. I affirm that the information supplied is the annual report or supplemental annual report as 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 registered agent or director of the corporation and that my name appears on the filing. I am not a registered agent or director of the corporation.

SIGNATURE:

*Arthur M. Barr*  
ARTHUR M. BARR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 5, 1995 904,439,2400



**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

\*CORPORATION

ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

ARTICLE 6, PART 1

CHAPTER 603

SECTION 603.01

DOCUMENT # **800556**

(3)

STANDARD FIRE INSURANCE CO

APPROVED  
FILED

RECEIVED  
MAY 10 1995  
TALLAHASSEE  
FLORIDA

ATTN: STATE TAXES VFW **TSAN**  
151 FARMINGTON AVE.  
HARTFORD, CONNECTICUT 06156-9186

ATTN: STATE TAXES VFW **TSAN**  
151 FARMINGTON AVE.  
HARTFORD, CONNECTICUT 06156-9186

DATE OF FILING: MAY 10, 1995

|                                                                           |                                                                     |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date incorporated or received                                          | 3a. Date of last report                                             |
| 10/16/1913                                                                | 05/01/1994                                                          |
| 4. Filing Number                                                          | Applied for                                                         |
| 06-6033509                                                                | Not Applicable                                                      |
| 5. Certificate of Status Desired                                          | \$8.75 Additional Fee Required                                      |
| 6. Election Campaign Financing Trust Fund Contribution                    | \$5.00 May Be Added to Fees                                         |
| 9. This corporation has been organized under the laws of Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                             |                    |
|-----------------------------|--------------------|
| 2. Principal Office Address | 2a. Mailed Address |
| 21. State Apt. #            | 26. State Apt. #   |
| 22. City & State            | 27. City & State   |
| 23. Zip                     | 28. Zip            |
| 24. Zip                     | 29. Zip            |
| 25. Zip                     | 30. Zip            |

|                                                                |  |                                                        |    |
|----------------------------------------------------------------|--|--------------------------------------------------------|----|
| 9. Name and Address of Current Registered Agent                |  | 10. Name and Address of New Registered Agent           |    |
| DUFFY, JOSEPH T.<br>4890 W KENNEDY BLVD.<br>TAMPA, FL<br>33601 |  | 81. Name                                               |    |
|                                                                |  | 82. Street Address (P.O. Box Number is Not Acceptable) |    |
|                                                                |  | 83. City                                               |    |
|                                                                |  | 84. State                                              | FL |
|                                                                |  | 85. Zip Code                                           |    |

11. Pursuant to the provisions of Sections 603.01(1)(a) and 603.01(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 603.01(1)(c), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

AT

|                            |                                                                       |                                                  |                                                                     |
|----------------------------|-----------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                                                       | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |                                                                     |
| NAME                       | D<br>HENAU, RICHARD R.<br>151 FARMINGTON AVE.<br>HARTFORD, CT 00000   | NAME                                             | AT<br>Farland, Lee<br>151 Farmington Ave<br>Hartford, CT 06156      |
| NAME                       | V<br>KENNY, PATRICK W.<br>151 FARMINGTON AVE<br>HARTFORD, CT 00000    | NAME                                             | VP<br>miller, Richard H<br>151 Farmington Ave<br>Hartford, CT 06156 |
| NAME                       | P<br>BROATCH, ROBERT E.<br>151 FARMINGTON AVE<br>HARTFORD, CONN 00000 | NAME                                             |                                                                     |
| NAME                       | P<br>COMPTON, RONALD E.<br>151 FARMINGTON AVE<br>HARTFORD, CT 00000   | NAME                                             |                                                                     |
| NAME                       | VP<br>BAIRD, ZOE E<br>151 FARMINGTON AVE.<br>HARTFORD, CT 00000       | NAME                                             |                                                                     |
| NAME                       | V<br>BENANAV, GARY G<br>141 FARMINGTON AVE.<br>HARTFORD, CT 00000     | NAME                                             |                                                                     |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and equally for the information stated in the report of the corporation. I further certify that the information indicated on the 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 603, Florida Statutes, and that my name appears on Block 1 of the attached certificate of incorporation with an address.

SIGNATURE: *Richard H Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95

(203) 273-7213

0472210 42

• Placid Oil Company  
 LIST OF DIRECTORS AND OFFICERS  
 AS OF 02-21-1995

BUSINESS PURPOSE: OIL AND GAS EXPLORATION AND PRODUCTION.

8053671

| DIRECTORS             | SSN         | TITLES                                                                        | CITY              |
|-----------------------|-------------|-------------------------------------------------------------------------------|-------------------|
| David R. Martin       | 572-34-1850 | Director                                                                      | Bakersfield, CA   |
| James R. Niehaus      | 565-60-7193 | Director                                                                      | Tulsa, OK         |
| James B. Taylor       | 561-48-1318 | Director                                                                      | Bakersfield, CA   |
| <b>OFFICERS</b>       |             |                                                                               |                   |
| David R. Martin       | 572-34-1850 | President and Chief Executive Officer                                         | Bakersfield, CA   |
| John A. Carver        | 552-38-5976 | Executive Vice President - Worldwide Exploration                              | Bakersfield, CA   |
| E. L. Daniel          | 449-50-7021 | Executive Vice President                                                      | Bakersfield, CA   |
| James R. Niehaus      | 565-60-7193 | Executive Vice President                                                      | Tulsa, OK         |
| S. A. (Pete) Smith    | 445-46-1722 | Chief Financial Officer                                                       | Los Angeles, CA   |
| James B. Taylor       | 561-48-1318 | Executive Vice President - International Operations and Corporate Development | Bakersfield, CA   |
| Robert L. Wood, Jr.   | 459-52-0755 | Executive Vice President                                                      | Houston, TX       |
| Kep P. Ducote         | 436-56-7679 | Senior Vice President - Exploration                                           | Bakersfield, CA   |
| John W. Alden         | 550-40-0482 | Vice President and Secretary                                                  | Los Angeles, CA   |
| Fred J. Gruberth      | 147-28-9874 | Vice President and Treasurer                                                  | Los Angeles, CA   |
| Reed W. Archibald     | 546-23-0868 | Vice President - Human Resources and Services                                 | Bakersfield, CA   |
| O. A. Blake           | 556-44-0286 | Vice President Commercial Development and General Counsel - International     | Bakersfield, CA   |
| Robert W. Brewer      | 434-84-3806 | Vice President - Southern Region                                              | Houston, TX       |
| G. E. Burtchwell      | 564-56-2424 | Vice President Commercial Development                                         | Bakersfield, CA   |
| Joseph H. Crosby      | 441-36-6631 | Vice President - Mid-Continent Region                                         | Oklahoma City, OK |
| Harry A. Jarvis       | 216-46-1296 | Vice President - Executive Operations                                         | Bakersfield, CA   |
| Barry E. Kellogg      | 523-52-0561 | Vice President - Gas Marketing and Operations Services                        | Tulsa, OK         |
| Darrel A. Kelsey      | 509-34-7415 | Vice President and General Counsel - U.S. Operations                          | Tulsa, OK         |
| Aylmer D. Mc Reynolds | 551-48-6597 | Vice President - Safety, Environment and Health                               | Bakersfield, CA   |
| Michael P. Miller     | 382-44-7179 | Vice President - International Finance                                        | Bakersfield, CA   |
| Tom L. Nowell         | 445-48-5067 | Vice President and Controller                                                 | Tulsa, OK         |
| Donald E. Romine      | 467-66-1277 | Vice President - Western Region                                               | Midland, TX       |
| Howard C. Frank       | 448-34-4731 | Assistant Treasurer                                                           | Tulsa, OK         |
| J. R. Havert          | 558-56-1721 | Assistant Treasurer                                                           | Los Angeles, CA   |
| John R. Zaylor        | 389-34-9689 | Assistant Treasurer                                                           | Los Angeles, CA   |
| Rodney G. Buckles     | 440-32-9983 | Assistant Secretary                                                           | Bakersfield, CA   |
| James E. Dahse        | 457-42-9003 | Assistant Secretary                                                           | Houston, TX       |
| Donald G. Jackson     | 447-58-2923 | Assistant Secretary                                                           | Tulsa, OK         |
| Sharron K. Livengood  | 560-52-2609 | Assistant Secretary                                                           | Bakersfield, CA   |
| Stephen P. Parise     | 085-36-8311 | Assistant Secretary                                                           | Los Angeles, CA   |
| G. Y. Parrish         | 444-46-3038 | Assistant Secretary                                                           | Tulsa, OK         |