

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805671 (5)
1. Corporation Name
PLACID OIL COMPANY

Principal Place of Business
110 W 7TH ST
TULSA OK 74119-1044
US

Mailing Address
P.O. BOX 300
TULSA OK 74102-0300
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1943	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 72-0395174	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEMN, INC
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City & State
84	Zip Code

CERTIFIED MAIL # 038835

DATE MAILED APR 09 1998 FL

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

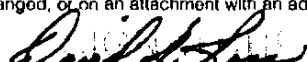
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	1.1 TITLE	
NAME	DANIEL, E L	1.2 NAME	
STREET ADDRESS	1200 DISCOVERY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAKERSFIELD CA	1.4 CITY-ST-ZIP	
TITLE	EVPD	2.1 TITLE	P
NAME	NIEHAUS, JAMES R.	2.2 NAME	ROGER L. ABEL
STREET ADDRESS	1200 DISCOVERY DR	2.3 STREET ADDRESS	1200 DISCOVERY DR
CITY-ST-ZIP	BAKERSFIELD CA	2.4 CITY-ST-ZIP	BAKERSFIELD, CA 93309
TITLE	VPS	3.1 TITLE	VP/S/D
NAME	ALDEN, JOHN W.	3.2 NAME	
STREET ADDRESS	10889 WILSHIRE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	JACKSON, DONALD G	4.2 NAME	
STREET ADDRESS	110 W 7TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	ROSS, DAVID G.	5.2 NAME	
STREET ADDRESS	110 W. 7TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	VP/T
NAME	HAVERT, J R	6.2 NAME	DAVID C. YEN
STREET ADDRESS	10889 WILSHIRE BLVD.	6.3 STREET ADDRESS	10889 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA	6.4 CITY-ST-ZIP	LOS ANGELES, CA 90024

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:



DAVID G. ROSS

4-7-98

(918) 561-3497

CR2E034 (10/97)