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

**PROFIT CORPORATION** ANNUAL REPORT

1997

appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 815281

(1)

CONOCO COMMUNICATIONS, INC.

| Principal Place   | e of Business  | Mailing Address                                     | Mailing Address                             |             |                      | J. ODDAGO SANDA ENDON MINEM NODE ENDON CORRES                           | YINKU DIADI KIDIL DIBLE BU  | 411 <b>411</b> 111 18 81 |
|---|--|---|---|-------------|----------------------|---|-----------------------------|--------------------------|
| 600 N DAIRY ASHFORD<br>ML 3146<br>Houston TX 77079  |  |   | 212-21 NT<br>PONCA CITY OKLAHOMA 74602-1287 |             |                      |   |                             |                          |
| U\$   |  | US  |   |             |                      | 3. Date Incorporated or Qualified<br>05/15/1961                         | 3a. Date of Last 05/01/1996 | ,                        |
| <del></del> 1   | lace of Business   | 2a. Mailing Address                                 |   |             |                      | 4. FEI Number   |                             | Applied For              |
| 21  | TO THE REPORT OF THE PARTY AND | 26  | <del></del>                                 |             |                      | 73-6091772  |                             | Not Applicable           |
| Suite, Apt  |  | Suite, Apt #, etc.                                  |   |             |                      | 5. Certificate of Status Desired  | Fee                         | Additional<br>Required   |
| City & State  |  | City & State  | <del>-1</del>                               | <del></del> |                      | Election Campaign Financing     Trust Fund Contribution                 | Adde                        | May Be<br>d to Fees      |
| Zip   | Country  | Zip   | _   | Country     |                      | 8. This corporation has liability for in                                | ntangible tax under         | s. 199.032,              |
| 24  | 25<br>9. Name and Address of Cur   | [29]<br>rent Registered Agent                       | 30  |             |                      | Florida Statutes Yes 🔀 No  10. Name and Address of New Registered Agent |                             |                          |
| CT (  | CORPORATION SYSTEM   | GHI LIGHISTOLON WACHT                               |   | 81          | Name                 | 10. Hallie and Mouless of Hen ring                                      | Istered Ayent               |                          |
|   | ) S. PINE ISLAND ROAD  |   |   |             |                      |   |                             |                          |
|   | NTATION FL 33324   |   |   | 82          | Street Addre         | ess (P.O. Box Number is Not Acceptable                                  | е)                          |                          |
|   |  |   |   | 83          |                      |   |                             |                          |
|   |  |   | -   | 84          | City                 |   | FL   T                      | p 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   | <del>-</del>   |   |   |             |                      |   |                             |                          |
| 12.   | Signature, type-dior printed name of registered<br>OFFICERS  | agent and title if applicable. (NO<br>AND DIRECTORS | TE Registered                               | 1 Ager      | nt signature require | ad when reinstating)  | DATE                        | 220 141 40               |
| TIME I  | D  | DELETE  | 13.<br>1.1 Til                              | ri F        |                      | ADDITIONS/CHANGES TO OFFICE   | ERS AND DIRECTO             |                          |
| NAME  | BASS, H. C.  |   | 1.2 NA                                      |             |                      |   | hand Withings               | 7 La riddiion            |
| STREET ADDRESS  | 1000 S PINE STREET   |   |   |             | ADDRESS              |   |                             | •                        |
| CITY+ST-ZIP   | PONCA, CITY  |   | 1.4 CF                                      |             | 1                    |   |                             |                          |
| TITLE   | PD   | DELETE  | 2.1 Til                                     |             |                      |   | ☐ Change                    | e Addition               |
| NAME  | STONE, M B   |   | 2.2 NA                                      | ME          |                      |   |                             |                          |
| STREET ADDRESS  | 1000 S PINE ST   |   | 2.3 ST                                      | REET /      | address              |   |                             |                          |
| CITY-ST-ZIP   | PONCA CITY OK  |   | 2. 4 CI                                     | ITY-S       | aT - ZUP             |   |                             |                          |
| THILE   | D  | ☐ DELETE  | 3.1 TIT                                     | ſLE         | _                    |   | ☐ Change                    | e Addition               |
| NAME  | PENNEUL, R. L.   |   | 3.2 NA                                      | ME          |                      |   |                             |                          |
| STREET ADDRESS  | 1000 S. PINE STREET  |   | 3.3 ST                                      | REET A      | ADDRESS              |   |                             |                          |
| CITY - ST - ZiP   | PONCA CITY OK  | Drette  | 3.4. CI                                     |             | T-ZIP                |   |                             | I to a reco              |
| TILLE   | HILL, OD   | L.J DELETE  | 4.1 Tet                                     |             |                      |   | Change                      | e L Addition             |
| NAME<br>CEDICAL ADDRESS   | 600 N DAIRY ASHFORD  |   | 4. 2 N/                                     |             |                      |   |                             |                          |
| STREET ADDRESS<br>CITY - ST-ZIF   | HOUSTON TX   |   |   |             | ADORESS              | •   |                             |                          |
| TITLE   | VPD  | DELETE  | 4.4 CIT<br>5.1 TIT                          |             | i-ZIP                |   | Change                      | e Addition               |
| NAME  | RILEY, R. L  |   | 5.2 NA                                      |             |                      |   | FT CHENRY                   | ;                        |
| STREET ADDRESS 1  | 600 N DAIRY ASHFORD  |   |   |             | ADDRESS              |   |                             |                          |
| CITY-ST-7P  | HOUSTON TX   |   | 5.4 CIT                                     |             |                      |   |                             |                          |
| THLE  | \$   | ☐ DELETE  | 6.1 717                                     |             |                      |   | Change                      | Addition                 |
| NAME  | COBB, L.B.   |   | 6.2 NA                                      | ME          |                      |   |                             | _                        |
| STREET ADDRESS  | 600 N DAIRY ASHFORD  |   | 6.3 ST                                      | REET /      | ADDRESS              |   |                             |                          |
| CHY-ST-ZiP  | HOUSTON TX 77079   |   | 6.4 CIT                                     | [Y-S]       | 1-2IP                |   |                             |                          |
| 14. I do hereb  | by certify that the information supply indicated on this appual report   | lied with this filing does not qual                 | lify for the                                | exen        | motion stated        | in Section 119.07(3)(i), Florida Statutes                               | . I further certify the     | at 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   |  |   |   |             |                      |   |                             |                          |

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## CONOCO COMMUNICATIONS INC. 600 N. DAIRY ASHFORD HOUSTON, TX 77079

## LIST OF OFFICERS & DIRECTORS

| President & Director           | M.B. Stone | 600 N. Dalry Ashford<br>Houston, TX 77079 |
|--------------------------------|------------|---|
| Vice President & Director      | R.L. Riley | 600 N. Dairy Ashford<br>Houston, TX 77079 |
| Treasurer                      | O.D. Hill  | 600 N. Dairy Ashford<br>Houston, TX 77079 |
| Secretary                      | L.B. Cobb  | 600 N. Dairy Ashford<br>Houston, TX 77079 |
| Assistant Secretary & Director | H.C. Bass  | 600 N. Dairy Ashford<br>Houston, TX 77079 |

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