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Jun 02, 1999 8:00 am
Secretary of State

06-02-1999 90007 001 *1,050.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 815281

1. Corporation Name
CONOCO COMMUNICATIONS, INC.

Principal Place of Business

600 N DAIRY ASHFORD
ML 3146
HOUSTON TX 77079
US

Mailing Address

600 N. DAIRY ASHFORD
ML3005. TAX DEPT.
HOUSTON TX 77079
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1961

4. FEI Number

73-6091772

Applied For
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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

TITLE ☐ DELETE
NAME **D BASS, H. C.**
STREET ADDRESS **1000 S PINE STREET**
CITY-ST-ZIP **PONCA, CITY**

TITLE ☐ DELETE
NAME **PD HELBACH, M L**
STREET ADDRESS **1000 S. PINE**
CITY-ST-ZIP **PONCA CITY OK 74602**

TITLE ☐ DELETE
NAME **D PENNELL, R. L.**
STREET ADDRESS **1000 S. PINE STREET**
CITY-ST-ZIP **PONCA CITY OK**

TITLE ☐ DELETE
NAME **T HILL, OD**
STREET ADDRESS **600 N DAIRY ASHFORD**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ DELETE
NAME **VPD RILEY, R. L**
STREET ADDRESS **600 N DAIRY ASHFORD**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ DELETE
NAME **S COBB, L.B.**
STREET ADDRESS **600 N DAIRY ASHFORD**
CITY-ST-ZIP **HOUSTON TX 77079**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O.D. Hill
O.D. Hill, Treasurer

4-20-99 (281) 293-4532
Date Daytime Phone #

CR2E034 (11/98)