2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 815587 1. Entity Name						May 01, 2000 8:00 an Secretary of State			
APACHE	CORPORATION						ary 01 0 90415 034 ¹		
Principal Plac	ce of Business	Mailing Address							
2000 POST OA HOUSTON TX	NK BLVD., STE 100 77056	2000 POST OAK BLVD. STE 100 HOUSTON TX 77056-4497							
	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS SPA	JE	
City & Stat	е	City & State			4.	FEI Number 41-602573		No	plied For t Applicable
Zip	Country	Zip	Country		5.	Certificate of Status Desired		. 75 Add Required	
	6. Name and Address of Curren	t Registered Agent			7.	Name and Address of New	Registered Ager	nt	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION EL 22224			-	Name Street Addre	ess (P.O. E	Box Number is Not Acceptabl	e)		
PLAI	NTATION FL 33324			City			— 	Zip Code	
				City			FL	ZIP COU	 -
8. The above	named entity submits this statement f	or the purpose of changing its	registere	d office or reg	gistered aç	gent, or both, in the State of Fl	orida.		
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registered	Agent signature re	equired when r	reinstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangibl requirement and elects to do so. ría on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fi Trust Fund Contribution	~ —		May Be to Fees
11.	OFFICERS AND		12.		ΑI	DDITIONS/CHANGES TO OF			
TITLE NAME	COB Delete TITI PLANK, RAYMOND				_		_	Change	Addition
STREET ADDRESS CITY-ST-ZIP	PESS 2000 POST OAK BLVD SUITE 100			I AUUDESS I		tached sheet fo ers and director	-	e II:	st ot
TITLE	P	Delete	TITLE] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	FARRIS, G S 2000 POST OAK BLVD SUITE 1 HOUSTON TX	00		T ADDRESS ST-ZIP					
TITLE	VP VP	Delete	TITLE			 		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PLANK, ROGER B 2000 POST OAK BLVD #100 HOUSTON TE 77056-4400			T ADDRESS ST-ZIP					
TITLE	T	☐ Delete	TITLE			·		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DUNDREA, MATTHEW 2000 Post Oak BLVD Suite 1 Houston TX	00	NAME STREE CITY-S	TADDRESS					
TITLE NAME	S PEPER, CHERI L	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP	2000 POST OAK BLVD SUITE 1	00	STREE	T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SCHOEPHOERSTER, STEVEN N 2000 POST OAK BLVD SUITE 1 HOUSTON TX		TITLE NAME STREE CITY-S	T ADDRESS 2	2000 E	Panaccione Post Oak Blvd., on, Texas 77056-	Suite 100	Change	€ Addition
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: L. L. LEDEN Cheri					eper	4/21/00	713-29	96 – 60	00
J	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	PR		Date	Daytim	e Phone #	