

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90973 012 \*\*\*150.00

**DOCUMENT # 819012**

**1. Entity Name**  
**THE PURE OIL CORPORATION**



**Principal Place of Business**  
**2141 ROSECRANS AVE**  
**SUITE 4000**  
**EL SEGUNDO CA 90245**  
**US**

**Mailing Address**  
**2141 ROSECRANS AVE**  
**SUITE 4000**  
**EL SEGUNDO CA 90245**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

**2141 Rosecrans Ave.**

**Suite, Apt. #, etc.**

**Suite 4000 ATTN: DONNA PIERCE**

**City & State**

**El Segundo, CA 90245**

**4. FEI Number 13-6183678**

**Applied For**

**Not Applicable**

**Zip**  
**90245**

**Country**

**Country**  
**USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **V** ☐ **Delete**  
**NAME** **COOK, JAMES I**  
**STREET ADDRESS** **376 S VALENCIA AVE**  
**CITY-ST-ZIP** **BREA CA 92823**

**TITLE** **V** ☐ **Delete**  
**NAME** **HAYES, STEPHEN L**  
**STREET ADDRESS** **14141 SOUTHWEST FREEWAY**  
**CITY-ST-ZIP** **SUGAR LAND TX 77478**

**TITLE** **PD** ☐ **Delete**  
**NAME** **PETERSON, WILLIAM E**  
**STREET ADDRESS** **376 S VALENCIA AVE**  
**CITY-ST-ZIP** **BREA CA 92823**

**TITLE** **S** ☐ **Delete**  
**NAME** **DEWEZ, BRIGITTE M**  
**STREET ADDRESS** **2141 ROSECRANS AVE., STE. 4000**  
**CITY-ST-ZIP** **EL SEGUNDO CA**

**TITLE** **TS** ☐ **Delete**  
**NAME** **WALTON, R. L**  
**STREET ADDRESS** **2141 ROSECRANS AVE., STE. 4000**  
**CITY-ST-ZIP** **EL SEGUNDO CA**

**TITLE** **T** ☐ **Delete**  
**NAME** **CHESSUM, D. D.**  
**STREET ADDRESS** **2141 ROSECRANS AVE., STE. 4000**  
**CITY-ST-ZIP** **EL SEGUNDO CA**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

**Paul R. Moore, Assistant Secretary**

**4/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Telephone #

**310/726-7761**

CR2E034 (10/02)