

515-97 B 7320 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 819267 (6)
1. Corporation Name
RICHFIELD OIL CORPORATION

Principal Place of Business C/O ATLANTIC RICHFIELD CO. 1209 ORANGE STREET WILMINGTON DE 19801	Mailing Address C/O ATLANTIC RICHFIELD CO. 1209 ORANGE STREET WILMINGTON DE 19801-1120
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1966	3a. Date of Last Report 04/17/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 13-2563027	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	
NAME	HORNE, A. M.	1.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON DE	1.4 CITY- ST- ZIP	
TITLE	DP	2.1 TITLE	
NAME	FERRUCCI, M. A.	2.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON DE	2.4 CITY- ST- ZIP	
TITLE	VAS	3.1 TITLE	
NAME	DENNY, C. M.	3.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON DE	3.4 CITY- ST- ZIP	
TITLE	SVD	4.1 TITLE	
NAME	LUTTHANS, KIM E.	4.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON DE	4.4 CITY- ST- ZIP	
TITLE	VAS	5.1 TITLE	
NAME	WILLIAMS, M. L.	5.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON DE	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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:  REQUIRED PRESIDENT 4/24/97 (302)658-7581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone: # _____

CR2E034 (9/96)