FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 820056 (0)

1. Corporation Name

AMOCO ENTERPRISES INC

Principal Place of Business	Mailing Address
200 EAST RANDOLPH DRIVE MAIL CODE 2401A CHICAGO IL 60601-7125 US	200 EAST RANDOLPH DRIVE MAIL CODE 2401A CHICAGO IL 60601-7125 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1966
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: 36-2584359 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 of new registered agent, if changed) (Name of Registered Agent (typed or printed) after signature) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change	☐ Addition
NAME	ROWLES, W F	12 NAME		
STREET ADDRESS	200 E RANDOLPH DR	13 STREET ADDRESS		
CITY ST ZIP	CHICAGO, IL 0	14 CITY ST ZIP	Chicago, Illinois 60601	
TITLE	V	21 TITLE	☒ Change	☐ Addition
NAME	PIECZENTKOWSKI, M A	22 NAME	R. F. MARCINKO	
STREET ADDRESS	200 E RANDOLPH DR	23 STREET ADDRESS		
CITY ST ZIP	CHICAGO, IL 0	24 CITY ST ZIP	Chicago, Illinois 60601	
TITLE	VD	31 TITLE	☒ Change	☐ Addition
NAME	FORSGREN, K. C	32 NAME	D/T/S MOORE, S. J.	
STREET ADDRESS	200 E RANDOLPH DR	33 STREET ADDRESS		
CITY ST ZIP	CHICAGO, IL 0	34 CITY ST ZIP	Chicago, Illinois 60601	
TITLE	T	41 TITLE	☒ Change	☐ Addition
NAME	FISHER, P S	42 NAME	DELETE	
STREET ADDRESS	200 E RANDOLPH DR	43 STREET ADDRESS		
CITY ST ZIP	CHICAGO, IL 0	44 CITY ST ZIP	Chicago, Illinois 60601	
TITLE	SAT	51 TITLE	☒ Change	☐ Addition
NAME	COHEN, L. H	52 NAME	AS WILSON, Y. H.	
STREET ADDRESS	200 E RANDOLPH DR	53 STREET ADDRESS		
CITY ST ZIP	CHICAGO, ILL 00000	54 CITY ST ZIP	Chicago, Illinois 60601	
TITLE	AS	61 TITLE	☒ Change	☐ Addition
NAME	SIDDALL, J.L.	62 NAME		
STREET ADDRESS	200 E RANDOLPH DR	63 STREET ADDRESS		
CITY ST ZIP	CHICAGO, ILL 00000	64 CITY ST ZIP	Chicago, Illinois 60601	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] J. L. Siddall 4/28/95 (312) 856-4476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0407007 FP