FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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 DRRIVE MAIL CODE 2401A CHICAGO IL 60601-7125 US

3. Date Incorporated or Qualified: **11/15/1966**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 200 North Martingale Road
22 Suite, Apt. #, etc.
23 City & State: Schaumburg, Illinois
24 Zip: 60173-2096
25 Country: US

2a. Mailing Address
26 c/o Dan Blindauer-10F
27 Suite, Apt. #, etc.: 200 North Martingale Road
28 City & State: Schaumburg, Illinois
29 Zip: 60173-2096
30 Country: US

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

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 _____ DATE _____
Signature, Typed or Printed Name of Registered Agent and the Capacity or Relationship to the Corporation. (Note: Registered Agent's signature required when filing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ROWLES, W F		1.2 NAME	RICHARD C. GALLAGHER	
STREET ADDRESS	200 E RANDOLPH DR		1.3 STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP	CHICAGO, IL 0		1.4 CITY-ST-ZIP	Schaumburg, IL 60173-2096	
TITLE	V	☐ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	MARCINKO, R.F.		2.2 NAME	SANDRA K. VOLLMAN	
STREET ADDRESS	200 E RANDOLPH DR		2.3 STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP	CHICAGO, IL 0		2.4 CITY-ST-ZIP	Schaumburg, IL 60173-2096	
TITLE	DTS	☐ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	MOORE, S.J.		3.2 NAME	JOHN B. EUWEMA	
STREET ADDRESS	200 E RANDOLPH DR		3.3 STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP	CHICAGO, IL 0		3.4 CITY-ST-ZIP	Schaumburg, IL 60173-2096	
TITLE	AS	☐ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	WILSON, G.M.		4.2 NAME	PATRICK J. CASEY	
STREET ADDRESS	200 E RANDOLPH DR		4.3 STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP	CHICAGO, ILL 00000		4.4 CITY-ST-ZIP	Schaumburg, IL 60173-2096	
TITLE	AS	☐ DELETE	5.1 TITLE	Asst. Secretary	☒ Change ☐ Addition
NAME	SIDDALL, J.L.		5.2 NAME	LYMAN C. MOYER	
STREET ADDRESS	200 E RANDOLPH DR		5.3 STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP	CHICAGO, ILL 00000		5.4 CITY-ST-ZIP	Schaumburg, IL 60173-2096	
TITLE		☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME			6.2 NAME	GARY J. REDDINGTON	
STREET ADDRESS			6.3 STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Schaumburg, IL 60173-2096	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is volunteered, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sandra K Vollman SANDRA K. VOLLMAN VP & Controller 04-26-96 (708) 605-4752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #