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 APR 28 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **821372** **(0)**

1. Corporation Name
KOCH FUELS, INC.

Principal Place of Business	Mailing Address
ATT: INCOME TAX DEPT. P.O. BOX 2256 WICHITA KS 67201	ATT: INCOME TAX DEPT. P.O. BOX 2256 WICHITA KS 67201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/25/1968**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **41-0903103** ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	SEE ATTACHED LIST ☐ Change ☐ Addition
NAME	MOELLER, J W	12 NAME	
STREET ADDRESS	4111 EAST 37TH ST., N	13 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BALHORN, R.D.	22 NAME	
STREET ADDRESS	4111 EAST 37TH ST., N	23 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	SHAFFER,J.M.	32 NAME	
STREET ADDRESS	4111 E.37TH ST.,N.	33 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	CORDES, D. L.	42 NAME	
STREET ADDRESS	4111 E. 37TH ST. N.	43 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	44 CITY-ST-ZIP	
TITLE	VTD	51 TITLE	☐ Change ☐ Addition
NAME	NELSON, C.J.	52 NAME	
STREET ADDRESS	4111 E.37TH ST.,N.	53 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	CALDWELL, H. ALLAN	62 NAME	
STREET ADDRESS	4111 EAST 37TH STREET N	63 STREET ADDRESS	
CITY-ST-ZIP	WICHITA, KA	64 CITY-ST-ZIP	

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, added or deleted on an attachment with an address.

SIGNATURE: G.E. Hartwig **Gordon E. Hartwig** **Asst. Treasurer-Tax** 4-21-95 (316) 832-5170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478400 FP