

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Monham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**95 JAN 25 PM 1:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 826814 (6)**

1. Corporation Name

**ORYX ENERGY COMPANY**

Principal Place of Business

Mailing Address

**ATTN: CORPORATE SECRETARY  
PO BOX 2880  
DALLAS TX 75221-9880**

**ATTN: CORPORATE SECRETARY  
PO BOX 2880  
DALLAS TX 75221-9880**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**09/28/1971**

3a. Date of Last Report

**02/08/1994**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

4. FEI Number

**23-1743284**

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <b>DCEO</b>                     |
| NAME           | <b>HAUPTFUHRER, ROBERT P.</b>   |
| STREET ADDRESS | <b>373 E. LAS COLINAS BLVD.</b> |
| CITY-ST-ZIP    | <b>IRVING TX</b>                |
| TITLE          | <b>V</b>                        |
| NAME           | <b>STOKES, WILLIAM F JR</b>     |
| STREET ADDRESS | <b>4 PINEHURST COURT</b>        |
| CITY-ST-ZIP    | <b>FRISCO TX</b>                |
| TITLE          | <b>DPCO</b>                     |
| NAME           | <b>KEISER, ROBERT L</b>         |
| STREET ADDRESS | <b>4607 PINE VALLEY DRIVE</b>   |
| CITY-ST-ZIP    | <b>FRISCO TX</b>                |
| TITLE          | <b>S</b>                        |
| NAME           | <b>SWEENEY, FRANK B.</b>        |
| STREET ADDRESS | <b>9204 HEATHERDALE</b>         |
| CITY-ST-ZIP    | <b>DALLAS TX</b>                |
| TITLE          | <b>V</b>                        |
| NAME           | <b>MONEYPENNY, EDWARD W</b>     |
| STREET ADDRESS | <b>4712 STONEHOLLOW WAY</b>     |
| CITY-ST-ZIP    | <b>DALLAS TX</b>                |
| TITLE          | <b>V</b>                        |
| NAME           | <b>BOX, JERRY W.</b>            |
| STREET ADDRESS | <b>7321 OAK BLUFF DRIVE</b>     |
| CITY-ST-ZIP    | <b>DALLAS, TX 00000</b>         |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-ZIP    |                                                                              |

**RETIRED**

**Stokes, William P., Jr.**

**DCOBCEOP**

**DVCFO**

**D**

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 110.07(3)(b), 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 liquidator 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 amendments.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Frank B. Sweeney, Corporate Secretary**

**1/17/95**

**(214) 715-4000**

Date

Anytime/Name #



Oryx Energy Company  
13155 Noel Road  
Dallas TX 75240-5067  
PO Box 2880  
Dallas TX 75221-2880  
214 715 4000

January 16, 1995

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
P. O. BOX 1500  
TALLAHASSEE FL 32302-1500

RE: 1995 Corporation Annual Report  
Oryx Energy Company  
Doc. No.: 826814 (6)

Gentlemen:

Attached are forms as indicated above for the captioned corporation, together with check for \$200.00 as payment of the filing fee.

Please acknowledge receipt of the foregoing report and other documents on the enclosed copy of this letter and return to me in the stamped, self-addressed envelope provided.

Very truly yours,

Jori S. Andrade

/ja  
Attachments