

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90014 036 ***150.00

0603413

DOCUMENT # 829997

1. Entity Name

SAMEDAN OIL CORPORATION

Principal Place of Business

Mailing Address

**BOX 909
 110 W. BROADWAY
 ARDMORE OK 73401**

**BOX 909
 110 W. BROADWAY
 ARDMORE OK 73401**

549865



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

350 GLENBOROUGH DR., STE 100

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOUSTON, TX

City & State

Suite, Apt. #, etc.

Zip

77067

Country

USA

Zip

Country

4. FEI Number

73-0434800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, ROBERT 110 W BROADWAY ARDMORE OK 73401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WALRAVEN, ORVILLE 110 W. BROADWAY ARDMORE OK 73401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCELVANY, JAMES L 110 W. BROADWAY ARDMORE OK 73401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILEY, KENNETH 110 W BROADWAY ARDMORE OK 73401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODSON, JAMES C 110 W BROADWAY ARDMORE OK 73401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POILLION, W. A. 110 W. BROADWAY ARDMORE OK 73401	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVIDSON, CHARLES D. 350 GLENBOROUGH DR., STE. 100 HOUSTON, TX 77067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V.P., SECR. & GEN. COUNSEL HOPPE, ALBERT D. 350 GLENBOROUGH DR., STE. 100 HOUSTON, TX 77067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VICE PRESIDENT CUNNINGHAM, SUSAN M. 350 GLENBOROUGH DR., STE. 100 HOUSTON, TX 77067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James L. McElvany*

JAMES L. MCELVANY

4/26/01 (580) 223-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)