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FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 830362

(0)

1. Corporation Name

TEXACO WEST INDIES LIMITED



Principal Place of Business

2000 WESTCHESTER AVE.  
WHITE PLAINS NY 10650  
US

Mailing Address

P.O. BOX 1404 - DEPT. 007  
HOUSTON TX 77251-1404  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1973

4. FEI Number

13-1932447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE

NAME ATTERMEIER, FREDRIC J  
STREET ADDRESS 1111 BAGBY  
CITY-ST-ZIP HOUSTON TX 77002

TITLE MD ☐ DELETE

NAME POUHEY, HE  
STREET ADDRESS 150 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME KESNER, NANCY M.  
STREET ADDRESS 150 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL

TITLE AS ☐ DELETE

NAME AMBLER, M N  
STREET ADDRESS 2000 WESTCHESTER AVE  
CITY-ST-ZIP WHITE PLAINS NY

TITLE AS ☐ DELETE

NAME KOCH, R E  
STREET ADDRESS 2000 WESTCHESTER AVE  
CITY-ST-ZIP WHITE PLAINS NY

TITLE AS ☐ DELETE

NAME GLAD, J B  
STREET ADDRESS 2000 WESTCHESTER AVE  
CITY-ST-ZIP WHITE PLAINS NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: Fredric J. Attermeier (012) 962 6814

CR2E034 (10/97)