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CERTIFIED May 05 1997 8:00am
DATE **Secretary of State**

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 832025

(1)

1. Corporation Name

OXY CHEMICAL CORPORATION

Principal Place of Business

**P.O. BOX 300
TULSA OK 74102**

Mailing Address

**P.O. BOX 300
ATTN: STATE TAX
TULSA OK 74102-0300
US**



2. Principal Place of Business

21 5005 LBJ FREEWAY

Suite, Apt. #, etc.

22

City & State

23 DALLAS TX

Zip

24 75244

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **PD** ☐ DELETE

NAME **HIRL, J.R.**
STREET ADDRESS **5005 LBJ FREEWAY**
CITY-ST-ZIP **DALLAS TX**

TITLE **VPAS** ☐ DELETE

NAME **PETERSON, L**
STREET ADDRESS **10889 WILSHIRE BLVD**
CITY-ST-ZIP **LOS ANGELES CA**

TITLE **AS** ☐ DELETE

NAME **ROSS, D.G.**
STREET ADDRESS **110 WEST 7TH ST.**
CITY-ST-ZIP **TULSA OK**

TITLE **VT** ☒ DELETE

NAME **GRUBERTH, F. J**
STREET ADDRESS **10889 WILSHIRE BLVD.**
CITY-ST-ZIP **LOS ANGELES CA**

TITLE **VPSD** ☐ DELETE

NAME **MCDOLE, K. C**
STREET ADDRESS **5005 LBJ FREEWAY**
CITY-ST-ZIP **DALLAS TX 75244**

TITLE **AS** ☐ DELETE

NAME **ROMNESS, M.D.**
STREET ADDRESS **5005 LBJ FREEWAY**
CITY-ST-ZIP **DALLAS TX**

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 do 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

[Signature]

David G. Ross 4-24-97 (018) 561-2407

CR2E034 (9/96)