FILED Apr 27, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 832025

1. Corporation Name

Principal Place of Business

OXY CHEMICAL CORPORATION

5005 LBJ FREEWAY DALLAS TX 75244 US		P.O. BOX 300 ATTN STATE TAX TULSA OK 74102-0300 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/21/1974		
2. Principa Pl	ace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26		95-2813195	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifc.ite of Status Desired	\$8.75 Additional Fee Required	
22		27				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip –	Country	8. This or reporation owes the current ye	ear ntangible	
24	25	— — ·	30	Persor al Property Tax.		No
	9. Name and Address of Curre			10. Name and Address of New Regis	tered Agent	
			81 Name		- 0	j
1201 SUIT	Prentice-Hall Corporatio Hays Street E 105 Ahassee FL 32301	ON SYSTEM INC.	82 Street / 83 84 City /	At dress (P.O. Box Number is Not Accepted) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4 3 3 7 Zip C	Code
office crra	to the provisions of St ctions 607.05 egistered agent, or bo h, in the Statm familiar with, and accept the oblig	e of Florida. Such change was at	es, the above harried uthorized by the costo ida Statutes	corporation subtractions is statement for the purporations subtractions. I hereby accept the	ose of changing its appointment as rec	registered g stered
SIGNATURE		nont and title if applicable (NOT	Registered Agent signature n		ATE	Ì
12.	Signature, typed or printed na ne of registered at	ANI) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	FIS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	HIRL, J.R.		1.2 NAME			
STREET ADDRESS	5005 LBJ FREEWAY		1.3 STREET ADDRESS			
	DALLAS TX		1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	VPAS	☐ DELETE	2.1 TITLE		Change	☐ Addition
\	PETERSON. L	_	2.2 NAME			1
NAME STREET ADDRESS	10889 WILSHIRE BLVD		2.3 STREET ADDRESS			}
	LOS ANGELES CA		2. 4 CITY-ST-ZIP			
CITY-ST-ZIP	AS	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	ROSS, D.G.		3.2 NAME			
STREET ADDRESS	110 WEST 7TH ST.		3.3 STREET ADDRESS			
-	TULSA OK		3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE	VPT	X DELETE	4.1 TITLE	V/T	☐ Change	X Addition
NAME	YEN, DAVID C		4. 2 NAME	J. R. HAVERT		
	10889 WILSHIRE BLVD		4.3 STREET ADDRESS			
STREET ADDRE 3S			•	LOS ANGELES CA 90024		
CITY-ST-ZIP TITLE	VPSD ANGELES CA 90024		4.4 CITY-ST-ZIP	LOS ANGELES CA 90024	☐ Change	Addition
		ے کیلیداد	5.2 NAME		_ •	_
NAME	MCDOLE, K. C		5.3 STREET ADDRESS			
STREET ADDRE 3S	5005 LBJ FREEWAY					
CATY-ST-ZAP	DALLAS TX 75244	M AD CTE	5.4 CITY-ST-ZIP 6.1 TITLE	A.C.	☐ Change	X Addition
TITLE	AS	X DELETE		AS	Change	(V) YOUROU
NAME	ROMNESS, M.D.		6.2 NAME	DONALD G. JACKSON		
STREET ADDRESS	5005 I R.I FREEWAY		6.3 STREET ADDRESS	110 WEST 7TH ST.		

14. Thereby 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 Herm an officer or director of the corpora ion or the receiver or trustee empowered to execute this report as recuired 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, with all other like empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. ROSS

4-19-99

(918) 561-3497