

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90038 003 \*\*\*150.00

**DOCUMENT # 832025**

1. Entity Name

**OXY CHEMICAL CORPORATION**

Principal Place of Business

**5005 LBJ FREEWAY  
DALLAS TX 75244  
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**95-2813195**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

Name

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

**CERTIFIED MAIL # 039230  
DATE MAILED APR 15 2002**

**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, 2002 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 PD ☒ Delete  
NAME HIRL, J.R.  
STREET ADDRESS 5005 LBJ FREEWAY  
CITY-ST-ZIP DALLAS TX

TITLE PD ☒ Change ☐ Addition  
NAME R. A. Lorraine  
STREET ADDRESS 5005 LBJ Freeway  
CITY-ST-ZIP Dallas, TX 75244

TITLE VPAS ☐ Delete  
NAME PETERSON, L  
STREET ADDRESS 10889 WILSHIRE BLVD  
CITY-ST-ZIP LOS ANGELES CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME ROSS, D.G.  
STREET ADDRESS 110 WEST 7TH ST.  
CITY-ST-ZIP TULSA OK

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Delete  
NAME HAVERT, J. R.  
STREET ADDRESS 10889 WILSHIRE BLVD  
CITY-ST-ZIP LOS ANGELES CA 90024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPSP ☒ Delete  
NAME MCDOLE, K. C  
STREET ADDRESS 5005 LBJ FREEWAY  
CITY-ST-ZIP DALLAS TX 75244

TITLE VPSP ☒ Change ☐ Addition  
NAME S. A. King  
STREET ADDRESS 5005 LBJ Freeway  
CITY-ST-ZIP Dallas, TX 75244

TITLE AS ☐ Delete  
NAME JACKSON, DONALD G  
STREET ADDRESS 110 WEST 7TH ST  
CITY-ST-ZIP TULSA OK 74119

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Ross

4/9/02

918-561-3497

Date

Daytime Phone #

CR2E034 (9/01)