FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **834218** **(0)**

1. Corporation Name
NORTH CENTRAL OIL CORPORATION

Principal Place of Business	Mailing Address
6001 SAVOY, SUITE 600 HOUSTON TX 77036	6001 SAVOY, SUITE 600 HOUSTON TX 77036

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/22/1975**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: **74-1241408** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CB	11 TITLE	☐ Change ☐ Addition
NAME	KERLIN, GILBERT	12 NAME	
STREET ADDRESS	599 LEXINGTON AVE. #1104	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	WINNE, JAMES A	22 NAME	
STREET ADDRESS	6001 SAVOY, SUITE 600	23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TE	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BECCI, MICHAEL	32 NAME	
STREET ADDRESS	6001 SAVOY, SUITE 600	33 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	MCMILLIAN, ROD	42 NAME	
STREET ADDRESS	6001 SAVOY, SUITE 600	43 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☑ Change ☒ Addition
NAME	NEWHOUSE, HERBERT	52 NAME	✓ Peter Hearn
STREET ADDRESS	6001 SAVOY, SUITE 600	53 STREET ADDRESS	6001 SAVOY, Ste. 600
CITY-ST-ZIP	HOUSTON TE	54 CITY-ST-ZIP	Houston Tx.
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	COLON, MICHAEL	62 NAME	
STREET ADDRESS	6001 SAVOY SUITE 600	63 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TE	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 blank.

SIGNATURE: Peter Hearn 4-28-95 (713) 974-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472704 FP