PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandre B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 855293 (7)

OXY USA INC.

Principal Place of Business
110 W 7TH STREET P.O. BOX 300. ATTN: LINDA FRICK TULSA OK 74102
US

Principal Place of Business
21 Sulte, Apt. #, etc.

Sulte, Apt. #, etc.

PLORIDA DEPARTMENT OF STATE Sandre B. Mortham Secretary of State DIVISION OF CORPORATIONS

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

Mailing Address
110 W 7TH STREET P.O. BOX 300
TULSA OK 74102
US

Sulte, Apt. #, etc.

Suite, Apt. #, etc.

FILED Apr 17 1998 8:00am Secretary of State



110 W 7TH S P O BOX 300 TULSA OK 74	ATTN: LINDA FRICK	110 W 7TH STREET P.O. BOX 300 TULSA OK 74102 US		DO NOT WRITE IN 1  3. Date incorporated or Qualified  01/19/1983	THIS SPACE
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		73-1166880	Not Applicable
Sulte, Apt. #, etc.		Suile, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	
24	9. Name and Address of Curre	29 Agent	30	10. Name and Address of New Registe	
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  81 Name					
1201 HAYS STREET			00 04-04	Address (D.O. Boy Number is Not Assessable)	
SUITE 105			82 Street	Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301 97 EDTIFIED AAAII # 038836					
			84 City	HILL MAN	85 Zip Code
			Ph. 6.11	E AAAIIFD ADD 0 9 19	ad_
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above the corporation's board of directors. I hereby accept the appointment as 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, typod or printed name of registered a		E.: Registered Agent signature 13.	e required when reinstating) D  ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTORS IN 12
12.	PD OFFICERS A	ND DIRECTORS  X DELETE	1.1 TITLE	PD	Change X Addition
TITLE NAME	NIEHAUS, JAMES R	is office	1.2 NAME	ROGER L. ABEL	
STREET ADDRESS	1200 DISCOVERY DR		1.3 STREET ADDRESS	1200 DISCOVERY DR	•
CITY-ST-ZIP	BAKERSFIELD C		1.4 CITY - ST - ZIP	BAKERSFIELD, CA 93309	
TITLE	8	DELETE	2.1 TITLE		Change Addition
NAME	PURSER, CHARLES A		2.2 NAME		
STREET ADDRESS	110 W SEVENTH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK		2. 4 CITY - ST - ZIP		
TITLE	AS	DELETE	3.1 TITLE		Change  Addition
NAME	ROSS, DAVID G		3.2 NAME		
STREET ADDRESS	110 W. 7TH STREET		3.3 STREET ADDRESS		
CITY+ST-ZIP	TULSA, OK 00000	3/11	3.4. CITY - ST - ZIP	1070	Change X Addition
TITLE	ADCHIDALD, DEAD IN	X DELETE	4.1 TITLE	D/CEO D. A. HENTSCHEL	Change X Addition
NAME	ARCHIBALD, READ W 1200 DISCOVERY DR		4. 2 NAME	1200 DISCOVERY DR	
STREET ADDRESS	BAKERSFIELD CA		4 3 STREET ADDRESS	BAKERSFIELD, CA 93309	
CITY-ST-ZIP	VPT	X DELETE	4 4 CITY-ST-ZIP 5 1 TITLE	VP/T	Change X Addition
TITLE	GRUBERTH, FRED J.	[A] DELETE	5 P INCE 52 NAME	DAVID C YEN	Lag risoliton
NAME Street address	10889 WILSHIRE BLVD		5.3 STREET ADDRESS	10889 WILSHIRE BLVD	
	LOS ANGELES CA		5.4 CITY-ST-ZIP	LOS ANGELES CA 90024	
CITY-ST-ZIP TITLE	V	DELETE	61 TITLE	200 111100000 011 70004	Change Addition
NAME	NOWELL, TOM L		6.2 NAME		
STREET ADDRESS	1200 DISCOVERY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	BAKERSFIELD CA		6.4 CITY-ST-ZIP		
14 I bereby	sodify that the information eupplied	with this films done not qualify f		ed in Section 119.07(3)(i), Florida Statutes, I furth	per certify that the information

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.

DATE OF THE PARTY OF