

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90015 029 ***150.00

DOCUMENT # 857847

1. Corporation Name
CHEVRON INTERNATIONAL OIL COMPANY, INC.

Principal Place of Business
**575 MARKET ST T
SAN FRANCISCO CA 94105**

Mailing Address
**225 BUSH STREET
ROOM 1207
SAN FRANCISCO CA 94104
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 575 Market Street		09/22/1983	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		94-1608853	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/>	
25 Country		30 Country		8.75 Additional Fee Required	
		U.S.		6. Election Campaign Financing <input type="checkbox"/>	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOERTZ, P. A.	1.2 NAME	KRATTEBOL, D. M.
STREET ADDRESS	575 LENNON LANE	1.3 STREET ADDRESS	575 LENNON LANE
CITY-ST-ZIP	WALNUT CREEK CA 94598	1.4 CITY-ST-ZIP	WALNUT CREEK, CA 94598
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARBER, C.R.	2.2 NAME	
STREET ADDRESS	575 MARKET ST T	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	2.4 CITY-ST-ZIP	
TITLE	VO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, H P	3.2 NAME	
STREET ADDRESS	575 MARKET STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACFARLANE, C. N	4.2 NAME	
STREET ADDRESS	225 BUSH STREET	4.3 STREET ADDRESS	575 MARKET STREET
CITY-ST-ZIP	SAN FRANCISCO CA 94104	4.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, H.P.	5.2 NAME	
STREET ADDRESS	575 MARKET ST T	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, T.P.	6.2 NAME	
STREET ADDRESS	93 WIGMORE STREET	6.3 STREET ADDRESS	575 LENNON LANE
CITY-ST-ZIP	LONDON W1H 9AA EN	6.4 CITY-ST-ZIP	WALNUT CREEK, CA 94598

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: C.N. MACFARLANE MAR 25 1999

415-894-7700

CR2E034 (11/98)