

B01 00000000 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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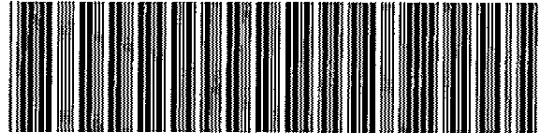
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 530575 5029977

AUTHORIZATION

COST LIMIT : \$ 35.00

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ORDER DATE : August 9, 2005

ORDER TIME : 9:33 AM

ORDER NO. : 530575-810

CUSTOMER NO: 5029977

CUSTOMER: Kimberley Schafer  
Chevron Corporation  
Bldg. T 3rd F, Corp Sec Dept  
Legal 6001 Bollinger Canyon Rd  
San Ramon, CA 94583-2324

CHANGE OF AGENT

NAME: PURE PARTNERS, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PURE PARTNERS, L.P.

Name of the limited partnership

2. 01/30/2001

Date of filing/registration in Florida

3. B01000000033

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **not** acceptable)

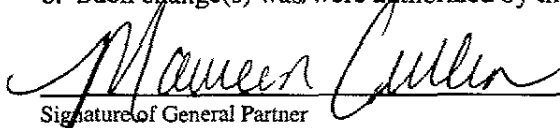
Tallahassee

FL

32301

City, State and Zip

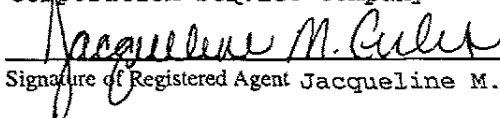
6. Such change(s) was/were authorized by the general partners.



Signature of General Partner

Maureen Cullen, Attorney in Fact on behalf of Pure Resources I, Inc., General Partner  
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company



Signature of Registered Agent Jacqueline M. Giles, Asst. VP

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Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00