

2002 UNIFORM BUSINESS REPORT (UBR) *K Simon*

DOCUMENT # F00000006437

1. Entity Name

BP America of Delaware Inc.

ERNST & YOUNG LLP
34-6565596
CHICAGO, IL 60606-6301

FILED

02 MAY 22 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600005694136--6

-06/06/02--01007--027

2100.00 *150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

200 E. Randolph Drive

3. Mailing Address

200 E. Randolph Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chicago IL

City & State

Chicago IL

4. FEI Number

94.2257553

Applied For

Not Applicable

Zip

60601

Country

Zip

60601

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT Corp System
1200 South Pine Island Road
Plantation FL 33324

7. Name and Address of New Registered Agent

Name

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

City

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 ☐ Delete
NAME *P.D. R.J. Pillari*
STREET ADDRESS
CITY-ST-ZIP **200 EAST RANDOLPH DRIVE, CHICAGO, ILLINOIS 60601**

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

TITLE ☐ Delete
NAME *W. M. Rir*
STREET ADDRESS
CITY-ST-ZIP **200 EAST RANDOLPH DRIVE, CHICAGO, ILLINOIS 60601**

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

TITLE ☐ Delete
NAME *T R J Novaria*
STREET ADDRESS
CITY-ST-ZIP **200 EAST RANDOLPH DRIVE, CHICAGO, ILLINOIS 60601**

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

TITLE ☐ Delete
NAME *S B B Pinkert*
STREET ADDRESS
CITY-ST-ZIP **200 EAST RANDOLPH DRIVE, CHICAGO, ILLINOIS 60601**

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

TITLE ☐ Delete
NAME *AS J.L. Siddall*
STREET ADDRESS
CITY-ST-ZIP **200 EAST RANDOLPH DRIVE, CHICAGO, ILLINOIS 60601**

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

TITLE ☐ Delete
NAME *D. J. G. Nemeth*
STREET ADDRESS
CITY-ST-ZIP **200 EAST RANDOLPH DRIVE, CHICAGO, ILLINOIS 60601**

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:

James L. Siddall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Date

Daytime Phone #

CR2E034 (11/00)