


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000000379 1. Entity Name CONOCO RESOURCES CO., LIMITED	
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Principal Place of Business C/O CONOCO RESOURCES CO., LIMITED 2221 EDGELAKE DRIVE, SUITE 110 CHARLOTTE, NC 28217-4589	Mailing Address C/O CONOCO RESOURCES CO., LIMITED 2221 EDGELAKE DRIVE, SUITE 110 CHARLOTTE, NC 28217-4589
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04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3829950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000916407 05/12/08-80027-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHREIER, MICHAEL J 2221 EDGELAKE DRIVE CHARLOTTE, NC 282174589
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARONE, BRENDA 2221 EDGELAKE DRIVE CHARLOTTE, NC 282174589
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAN, TIEJUN 2221 EDGELAKE DRIVE CHARLOTTE, NC 282174589
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIU, WEI 2221 EDGELAKE DRIVE CHARLOTTE, NC 282174589
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZHANG, JUN 2221 EDGELAKE DRIVE CHARLOTTE, NC 282174589
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda K. Barone BRENDA BARONE 4/21/08 704-329-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #