

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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000645 (2)**

1. Corporation Name  
**TOTAL OIL, INC.**

Principal Place of Business <b>909 FANNIN STREET 2200 HOUSTON TX 77010 US</b>	Mailing Address <b>909 FANNIN STREET 2200 HOUSTON TX 77010 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/25/1993**

4. FEI Number <b>13-3512633</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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10. Name and Address of New Registered Agent

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

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	CDVS	1.1 TITLE	CDVS
NAME	PIERRE, LEFORT	1.2 NAME	Oberreiner, Herve L.
STREET ADDRESS	2345 BERING DRIVE STE 201	1.3 STREET ADDRESS	1550 Wood Lodge
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	Houston, Texas 77077
TITLE		2.1 TITLE	
NAME	CRAMER, ALAN W.	2.2 NAME	
STREET ADDRESS	12207 DEFORREST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	PAPA, RONALD	3.2 NAME	
STREET ADDRESS	22 LAUDER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BARBE, PIERRE	4.2 NAME	
STREET ADDRESS	R	4.3 STREET ADDRESS	24 Cours Michelet, Cedex 47
CITY-ST-ZIP	92069 PARIS FR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TOURNIER, JEAN-MICHEL	5.2 NAME	
STREET ADDRESS	24 COURS MICHELET, CEDEX 47	5.3 STREET ADDRESS	
CITY-ST-ZIP	92069 PARIS FR	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BAUDIER, BERNADETTE	6.2 NAME	
STREET ADDRESS	24 COURS MICHELET, CEDEX 47	6.3 STREET ADDRESS	
CITY-ST-ZIP	92069 PARIS FR	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herve L. Oberreiner

(713) 739-3000

Date Daytime Phone # 05/7408

CR2E034 (10/97)