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Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90079 045 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F93000000645

1. Corporation Name  
TOTAL OIL, INC.

Principal Place of Business

909 FANNIN STREET  
2200  
HOUSTON TX 77010  
US

Mailing Address

909 FANNIN STREET  
2200  
HOUSTON TX 77010  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

13-3512633

5. Certificate of Status Desired ☐

Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 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

TITLE ☐ DELETE

NAME OBERREINER, HERVE L

STREET ADDRESS 1550 WOOD LODGE

CITY-ST-ZIP HOUSTON TX 77077

TITLE ☐ DELETE

NAME CRAMER, ALAN W.

STREET ADDRESS 12207 DEFORREST

CITY-ST-ZIP HOUSTON TX

TITLE ☐ DELETE

NAME PAPA, RONALD

STREET ADDRESS 22 LAUDER LANE

CITY-ST-ZIP GREENWICH CT

TITLE ☐ DELETE

NAME BARBE, PIERRE

STREET ADDRESS 24 COURS MICHELET, CEDEX 47

CITY-ST-ZIP 92069 PARIS FR

TITLE ☐ DELETE

NAME TOURNIER, JEAN-MICHEL

STREET ADDRESS 24 COURS MICHELET, CEDEX 47

CITY-ST-ZIP 92069 PARIS FR

TITLE ☐ DELETE

NAME BAUDIER, BERNADETTE

STREET ADDRESS 24 COURS MICHELET, CEDEX 47

CITY-ST-ZIP 92069 PARIS FR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 any attachment with an address, with all other like empowered.

SIGNATURE:

Herve L. Oberreiner

(713) 739-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)