2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9300000645 Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** TOTAL OIL, INC. 02-26-2000 90061 036 ***150.00 Principal Place of Business Mailing Address 909 FANNIN STREET 909 FANNIN STREET 2200 2200 HOUSTON TX 77010-1025 HOUSTON TX 77010 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3512633 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State " OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition CDVS TITI F ☐ Delete OBERREINER, HERVE L NAME STREET ADDRESS 1550 WOOD LODGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77077** ☐ Change ☐ Addition ☐ Delete TITLE TITLE CRAMER, ALAN W. NAME NAME STREET ADDRESS STREET ADDRESS 12207 DEFORREST CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** ☐ Delete TITLE Change ☐ Addition TITLE PAPA, RONALD NAME 22 LAUDER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREENWICH CT ☐ Delete TITLE Change Addition TITLE BARBE, PIERRE NAME NAME STREET ADDRESS STREET ADDRESS 24 COURS MICHELET, CEDEX 47 CITY-ST-ZIP CITY-ST-ZIP 92069 PARIS FR Delete TITLE Change ☐ Addition TITLE TOURNIER, JEAN-MICHEL NAME NAME STREET ADDRESS STREET ADDRESS 24 COURS MICHELET, CEDEX 47 CITY-ST-ZIP CITY-ST-7IP 92069 PARIS FR Addition ☐ Delete TITI F ☐ Change TITLE BAUDIER, BERNADETTE NAME NAME STREET ADDRESS STREET ADDRESS 24 COURS MICHELET, CEDEX 47 CITY-ST-ZIP CITY-ST-ZIP 92069 PARIS FR

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herve L. Oberreiner

60(713)739-340