

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90153 027 ***550.00

PROCESSING UNIT

DOCUMENT # F93000001549

1. Entity Name
PLAINS RESOURCES INC.

Principal Place of Business Mailing Address

500 DALLAS, SUITE 700 **500 DALLAS, SUITE 700**
HOUSTON TX 77002 **HOUSTON TX 77002**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, GREG L 500 DALLAS, STE. 700 HOUSTON TX 77002 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EGG, WILLIAM C JR. 500 DALLAS, STE. 700 HOUSTON TX 77002 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KRAMER, PHILLIP D 500 DALLAS, STE. 700 HOUSTON TX 77002 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEFANIS, HARRY 500 DALLAS, STE. 700 HOUSTON TX 77002 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS MOORE, TIM 500 DALLAS, STE. 700 HOUSTON TX 77002 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAA FEEBACK, CYNTHIA 500 DALLAS, STE. 700 HOUSTON TX 77002 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John T. Raymond 500 Dallas, Ste. 700 Houston, TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jere C. Overdyke, Jr. 500 Dallas, Ste. 700 Houston, TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Admin, GC & Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy T. Stephens 500 Dallas, Ste. 700 Houston, TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP Corp. Dev. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Franklin R. Bay 500 Dallas, Ste. 700 Houston, TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP Oper. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas M. Gladney 500 Dallas, Ste. 700 Houston, TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP - Acct. & Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cynthia Feedback*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/02
 Date Daytime Phone #

CFR2034 (4/02)