

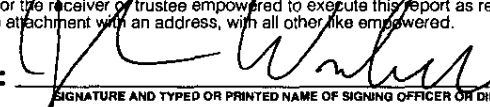


MAIL THIS ORIGINAL

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90163 023 \*\*\*150.00

<b>DOCUMENT # F93000001549</b> 1. Entity Name <b>PLAINS RESOURCES INC.</b>					
Principal Place of Business <b>500 DALLAS, SUITE 700 HOUSTON, TX 77002</b>			Mailing Address <b>500 DALLAS, SUITE 700 HOUSTON, TX 77002</b>		
2. Principal Place of Business <b>700 MILAM</b> Suite, Apt. #, etc. <b>SUITE 3100</b>		3. Mailing Address <b>700 MILAM</b> Suite, Apt. #, etc. <b>SUITE 3100</b>		  04262004    Chg-P    CR2E034 (10/03)	
City & State <b>HOUSTON, TX</b>		City & State <b>HOUSTON, TX</b>			
Zip <b>77002</b>	Country <b>US</b>	Zip <b>77002</b>	Country <b>US</b>		
4. FEI Number <b>13-2898764</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO RAYMOND, JOHN T 500 DALLAS, STE. 700 HOUSTON, TX 77002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RAYMOND, JOHN T 700 MILAM STE 3100 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAY, FRANKLIN R 500 DALLAS STE 700 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOMBWELL, JOHN F. 700 MILAM STE 3100 HOUSTON, TX 77002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENSEL, MARC 500 DALLAS STE 700 HOUSTON, TX 77002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENSEL, MARC 700 MILAM STE 3100 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THORINGTON, STEPHEN A 500 DALLAS STE 700 HOUSTON, TX 77002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO THORINGTON, STEPHEN A 700 MILAM STE 3100 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC THORINGTON, STEPHEN A 500 DALLAS STE 700 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB FLORES, JOHN C. 700 MILAM STE 3100 HOUSTON, TX 77002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>4/30/2004</b> <b>832-239-6000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					