

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F93000003536**

1. Corporation Name

SEMPRA OIL & GAS, INC.

Principal Place of Business

**633 W. FIFTH ST., SUITE 5400
LOS ANGELES CA 90071-2006**

Mailing Address

**633 W. FIFTH ST., SUITE 5400
LOS ANGELES CA 90071-2006**

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90001 031 ***550.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1993

4. FEI Number

95-4390494

Applied For

Not Applicable

5. Certificate of Status Desired



\$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.



Yes



No

2. Principal Place of Business

21 101 Ash Street

Suite, Apt. #, etc.

22 HQ12-A Attn: L. Trammel

City & State

23 San Diego, California

Zip

24 92101-3017

Country

25 USA

2a. Mailing Address

26 101 Ash Street

Suite, Apt. #, etc.

27 HQ12-A Attn: L. Trammel

City & State

28 San Diego, California

Zip

29 92101-3017

Country

30 USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **D** ☒ DELETE

NAME **FARMAN, RICHARD D**

STREET ADDRESS **633 W 5TH ST**

CITY-ST-ZIP **LOS ANGELES CA 90071**

TITLE **PCD** ☒ DELETE

NAME **WOOD, WILLIS B**

STREET ADDRESS **633 W. FIFTH ST., SUITE 5400**

CITY-ST-ZIP **LOS ANGELES CA 90071**

TITLE **V** ☐ DELETE

NAME **WALKER, MICHAEL J**

STREET ADDRESS **633 W 5TH ST**

CITY-ST-ZIP **LOS ANGELES CA 90071**

TITLE **S** ☒ DELETE

NAME **LIDDELL, DONALD C**

STREET ADDRESS **633 W. FIFTH ST., SUITE 5400**

CITY-ST-ZIP **LOS ANGELES CA 90071-2006**

TITLE **T** ☒ DELETE

NAME **YOSHIMASU, GARY Y**

STREET ADDRESS **633 W. FIFTH ST., SUITE 5400**

CITY-ST-ZIP **LOS ANGELES CA 90071**

TITLE **VD** ☒ DELETE

NAME **CLAUDE, HARVEY**

STREET ADDRESS **633 W. FIFTH ST., SUITE 5400**

CITY-ST-ZIP **LOS ANGELES CA 90071-2006**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/C** ☐ Change ☒ Addition

1.2 NAME **Donald E. Felsinger**

1.3 STREET ADDRESS **101 Ash Street**

1.4 CITY-ST-ZIP **San Diego, CA 92101-3017**

2.1 TITLE **P/D** ☐ Change ☒ Addition

2.2 NAME **David R. Kuzma**

2.3 STREET ADDRESS **101 Ash Street**

2.4 CITY-ST-ZIP **San Diego, CA 92101-3017**

3.1 TITLE **V/T/D** ☐ Change ☒ Addition

3.2 NAME **Neal E. Schmale**

3.3 STREET ADDRESS **101 Ash Street**

3.4 CITY-ST-ZIP **San Diego, CA 92101-3017**

4.1 TITLE **S** ☐ Change ☒ Addition

4.2 NAME **Thomas C. Sanger**

4.3 STREET ADDRESS **101 Ash Street**

4.4 CITY-ST-ZIP **San Diego, CA 92101-3017**

5.1 TITLE **Assistant S** ☒ Change ☐ Addition

5.2 NAME **Donald C. Liddell**

5.3 STREET ADDRESS **101 Ash Street**

5.4 CITY-ST-ZIP **San Diego, CA 92101**

6.1 TITLE **Assistant S** ☐ Change ☒ Addition

6.2 NAME **Kevin C. Sagara**

6.3 STREET ADDRESS **101 Ash Street**

6.4 CITY-ST-ZIP **San Diego, CA 92101-3017**

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: **Kevin C. Sagara, Assistant Secretary**

July 26, 1999 (619) 699-5058

CR2E034 (5/99)

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