

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90024 005 ***150.00

DOCUMENT # F93000003536

1. Entity Name

SEMPRA OIL & GAS, INC. SEMPRA ENERGY PRODUCTION COMPANY

Principal Place of Business

Mailing Address

101 ASH STREET
HQ12-A, ATTN: L TRAMMEL
SAN DIEGO CA 92101-3017
US101 ASH STREET
HQ12-A, ATTN: L TRAMMEL
SAN DIEGO CA 92101-3017
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4390494**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	FELSINGER, DONALD E	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO CA 92101-3017	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KUZMA, DAVID R	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO CA 92101-3017	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALKER, MICHAEL J	
STREET ADDRESS	633 W 5TH ST	
CITY-ST-ZIP	LOS ANGELES CA 90071	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SCHMALE, NEAL E	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO CA 92101-3017	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANGER, THOMAS C	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO CA 92101-3017	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LIDDELL, DONALD C	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO CA 92101-3017	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELSINGER, DONALD E.	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO, CA 92101-3017	
TITLE	P/CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULSE, DARCEL L.	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO, CA 92101-3017	
TITLE	V/CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AULT, FRANK H.	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO, CA 92101-3017	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMALE, NEAL E.	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO, CA 92101-3017	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMONAGLE, CHARLES A.	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO, CA 92101-3017	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, DIANA L.	
STREET ADDRESS	101 ASH STREET	
CITY-ST-ZIP	SAN DIEGO, CA 92101-3017	

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
DIANA L. DAY, ASSISTANT SECRETARY

1/10/2000

Date

(619) 699-5031

Daytime Phone #