

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000000766 (5)**

1. Corporation Name  
**SANTA FE ENERGY RESOURCES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>1616 SOUTH VOSS ROAD<br/>HOUSTON TX 77057</b> | Mailing Address<br><b>1616 SOUTH VOSS ROAD<br/>HOUSTON TX 77057</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/16/1994</b>   | 3a. Date of Last Report<br><b>05/01/1995</b> |
| 4. FEI Number<br><b>36-2722169</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0602 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 607.0905, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed here or attached to this report. (Use Block 12 for Signature and Typed or Printed Name of Signing Officer or Director.)

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DAMMEYER, ROD F</b>     |  |
| STREET ADDRESS | <b>2N. RIVERSIDE PL.</b>   |  |
| CITY-ST-ZIP    | <b>CHICAGO IL</b>          |  |
| TITLE          | D                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>GREEHEY, WILLIAM E</b>  |  |
| STREET ADDRESS | <b>530 MCCULLOUGH AVE.</b> |  |
| CITY-ST-ZIP    | <b>SAN ANTONIO TX</b>      |  |
| TITLE          | D                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>KREBS, ROBERT D</b>     |  |
| STREET ADDRESS | <b>1700 EAST GOLF RD</b>   |  |
| CITY-ST-ZIP    | <b>SCHAUMBURG IL</b>       |  |
| TITLE          | D                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>MARTINI, ALLAN V</b>    |  |
| STREET ADDRESS | <b>1700 EAST GOLF RD</b>   |  |
| CITY-ST-ZIP    | <b>SCHAUMBURG IL</b>       |  |
| TITLE          | D                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>MORPHY, MICHAEL A</b>   |  |
| STREET ADDRESS | <b>35 S. RAYMOND AVE.</b>  |  |
| CITY-ST-ZIP    | <b>PASADENA CA</b>         |  |
| TITLE          | D                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>PAYNE, JAMES L</b>      |  |
| STREET ADDRESS | <b>35 S. RAYMOND AVE.</b>  |  |
| CITY-ST-ZIP    | <b>PASADENA CA</b>         |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |  |
|--------------------|--------------------------|--|
| 1. TITLE           | S                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME            | <b>OLDER, MARK A.</b>    |  |
| 3. STREET ADDRESS  | <b>1616 S. VOSS RD.</b>  |  |
| 4. CITY-ST-ZIP     | <b>HOUSTON, TX 77057</b> |  |
| 5. TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME            |                          |  |
| 7. STREET ADDRESS  |                          |  |
| 8. CITY-ST-ZIP     |                          |  |
| 9. TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |                          |  |
| 11. STREET ADDRESS |                          |  |
| 12. CITY-ST-ZIP    |                          |  |
| 13. TITLE          | P/D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           | <b>PAYNE, JAMES L.</b>   |  |
| 15. STREET ADDRESS | <b>1616 S. VOSS RD.</b>  |  |
| 16. CITY-ST-ZIP    | <b>HOUSTON, TX 77057</b> |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mark A. Older* **MARK A. OLDER** 4-29-96 713-507-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)