

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90042 038 ***150.00

061067 AT

DOCUMENT # F94000001665

1. Entity Name

OCCIDENTAL FEED PHOSPHATE CORPORATION

Principal Place of Business

**5005 LBJ FREEWAY
 DALLAS TX 75244
 US**

Mailing Address

**P.O. BOX 300
 ATTN: STATE TAX
 TULSA OK 74102
 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

95-4471375

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **HIRL, J. ROGER**
 STREET ADDRESS **5005 LBJ FREEWAY**
 CITY-ST-ZIP **DALLAS TX**

TITLE **VP/AS** ☐ Change ☒ Addition
 NAME **Linda Peterson**
 STREET ADDRESS **10889 Wilshire Blvd.**
 CITY-ST-ZIP **LOS ANGELES, CA**

TITLE **VPAS** ☐ Delete
 NAME **KENNEDY, M J**
 STREET ADDRESS **5000 LBJ FREEWAY**
 CITY-ST-ZIP **DALLAS TX**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **MORGAN, JOHN W**
 STREET ADDRESS **10889 WILSHIRE BLVD.**
 CITY-ST-ZIP **LOS ANGELES CA 90024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **ROSS, DAVID G.**
 STREET ADDRESS **110 WEST 7TH ST**
 CITY-ST-ZIP **TULSA OK**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **PARISE, STEPHEN P**
 STREET ADDRESS **10889 WILSHIRE BLVD.**
 CITY-ST-ZIP **LOS ANGELES CA 90024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AT** ☐ Delete
 NAME **HAVERT, J R**
 STREET ADDRESS **10889 WILSHIRE BLVD.**
 CITY-ST-ZIP **LOS ANGELES CA 90024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.004, Florida Statutes. I also 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Ross 4-19-02 918-561-3497
 Date Daytime Phone #

CERTIFIED MAIL # 039247

DATE MAILED APR 22 2002

CR2E034 (9/01)