## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001666 (6)
OCCIDENTAL AMMONIA CORPORATION

**FILED** Apr 17 1998 8:00am Secretary of State



| Principal Place   | of Business  | Mailing Address                        |                       |                     |                      | 1 1991/99 (1/3 19/11 9191/ 49/11 94/11   | ************* |                   | • |
|---|--|--|-----------------------|---------------------|----------------------|--|---------------|-------------------|---|
| 5005 LBJ FRE  | EWAY   | PO BOX 300                             | PO BOX 300            |                     |                      |  |               |                   |   |
| DALLAS TX 75  | 5244   |  | ATTN: STATE TAX       |                     |                      | DO NOT WRITE IN THIS SPACE   |               |                   |   |
| US  |  | TULSA OK 74102<br>US                   |                       |                     |                      | 3. Date Incorporated or Qualified  |               |                   |   |
| u.  |  |  |                       |                     |                      | 04/01/1994   |               |                   |   |
| 2. Principal Pi   | ace of Business                                    | 2a. Mailing Address                    |                       |                     |                      | 4. FEI Number  |               | Ap                | plied For                               |
| 21  |  | 26                                     |                       |                     |                      | 94-4471373   |               |                   | t Applicable                            |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                    |                       |                     |                      | 5. Certificate of Status Desired   |               | \$8.75 A          |   |
| 22  |  | 27                                     | City & State          |                     |                      |  |               | Fee Re            | <del>-</del>                            |
| City & State  | 9  | <u></u>                                | <u>├</u> ¬ ′          |                     |                      | 6. Election Campaign Financing Trust Fund Contribution   | П             | \$5.00<br>Added t |   |
| 23  | Country  | 70                                     | Zip Country           |                     |                      |  |               |                   |   |
| Zip<br>24   | 25   | 29                                     | 30                    | y                   |                      | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No |               |                   |   |
| 24  | 9. Name and Address of Curre                       |  | 1301                  |                     |                      | 10. Name and Address of New Registered Agent   |               |                   |   |
| THI   | PRENTICE-HALL CORPORATI                            |  |                       | 81                  | Name                 | ,  |               |                   |   |
|   | 1 HAYS ST.   | •••••••••••••••••••••••••••••••••••••• |                       | <b>B2</b>           | Ctroot Addr          | ess (P.O. Box Number is Not Accepte  | abla)         |                   |   |
|   | ITE 105  |  | BZ Sire               |                     |                      | ass (r.o. box Number is Not Accept   | 10,0)         |                   |   |
|   | LAHASSEE FL 32301                                  |  | 8                     |                     |                      |  |               |                   |   |
|   |  |  |                       | 84                  | City                 |  | FL            | <b>85</b> Zip (   | Code                                    |
|   |  | 00 1007 4500 5 11 004                  |                       | L                   |                      | evetion as health this statement for the   |               | ohanging its      | e registered                            |
| 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 protect name of registered agent and bild if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  |  |  |                       |                     |                      |  |               |                   |   |
|   | Signature, typed or printed name of registrired at | 3                                      | OTE: Registered       | d Age               | nt signature require | ADDITIONS/CHANGES TO OFF   | DATE          | DIRECTOR          | S IN 12                                 |
| 12.   | OFFICERS AND DIRECTORS  DELETE                     |  |                       | 1.1 TITLE           |                      | ADDITIONAL TARGET TO OT  | 1021107012    | Change            | Addition                                |
| NAME  | HIRL, J. ROGER                                     |  | 1.2 NAME              |                     |                      |  |               | •                 | _                                       |
| STREET ADDRESS  | 5005 LBJ FREEWAY                                   |  |                       |                     | ADDRESS              |  |               |                   |   |
| CITY-ST-ZiP   | DALLAS TX  |  |                       | 1.4 CITY - ST - ZIP |                      |  |               |                   |   |
| TITLE   | VPAS DELETE  |  |                       | 2.1 TITLE           |                      |  |               | Change            | Addition                                |
| NAME  | KENNEDY, M J                                       |  | 2.2 NAME              |                     |                      |  |               |                   |   |
| STREET ADDRESS  | 5005 LBJ FREEWAY                                   |  | 2.3 \$1               | 2.3 STREET ADDRESS  |                      |  |               |                   | •                                       |
| CITY-ST-ZIP   | DALLAS TX  |  | 1                     |                     | ST-ZIP               |  |               |                   |   |
| TITLE   | VD DELETE  |  |                       | TLE                 |                      |  |               | Change            | ☐ Addition                              |
| NAME  | MORGAN, JOHN W                                     |  | 3.2 NAME              |                     |                      |  |               |                   |   |
| STREET ADDRESS  | 10889 WILSHIRE BLVD.                               |  | 3.3 \$1               | 3.3 STREET ADDRESS  |                      |  |               |                   | }                                       |
| CITY-ST-ZIP   | LOS ANGELES CA 90024                               | 3.4. Ci                                |                       |                     | ST - ZIP             |  |               |                   |   |
| TITLE   | AS DELETE  |  |                       | TLE                 |                      |  |               | Change            | ☐ Addition                              |
| NAME  | ROSS, DAVID G                                      |  | 4. 2 N                | 4. 2 NAME           |                      |  |               |                   |   |
| STREET ADDRESS  | 110 WEST 7TH ST                                    |  |                       | TREET               | ADDRESS              |  |               |                   |   |
| CITY-ST-ZIP   | TULSA OK   |  |                       | TY-S                | T- ZIP               |  |               | T 05              | T Addition                              |
| TITLE   |  |  | 51 TI                 |                     | ļ                    |  |               | ☐ Change          | Addition                                |
| NAME  | PARISE, STEPHEN P                                  |  |                       | 5.2 NAME            |                      |  |               |                   |   |
| STREET ADDRESS  | 10889 WILSHIRE BLVD.                               |  |                       | 5.3 STREET ADDRESS  |                      |  |               |                   |   |
| CITY-ST-ZIP   | LOS ANGELES CA 90024                               | TI NEUTE                               | 5.4 CITY<br>6.1 TITLE |                     | T-ZIP                |  |               | Change            | Addition                                |
| TITLE   | AT<br>MAVEOT LD                                    |  |                       |                     | ا                    |  |               |                   | _                                       |
| NAME  | HAVERT, J R  |  |                       | AME                 |                      | ERTIFIED MAII  | #             | 0200              | 20                                      |
| STREET ADDRESS  | 10889 WILSHIRE BLVD.<br>LOS ANGELES CA 90024       |  |                       |                     |                      |  |               |                   |   |
| CITY-ST-ZIP   | andity that the information supplied               | with this films close not qualify      | for the eve           | HY-S                | I-ZIP                | Act pt 19 1437 Frie Dutes  | ARR.O.        | 9,1900.           | information                             |
| I say i lieuerby (  | Jenny triat the shormation supplied                | tal appual report is true and a        | courate an            | d the               | at my sign           | that have the same weet as   | if made ur    | der oath the      | at Lam an                               |

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the can be odd effect as it made under oath; that I am a 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 attactment with an alteress.

DAVID G ROSS 4-7-98 (918) 561-3497