2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F94000003101 WESTERN OILFIELDS SUPPLY COMPANY Mailing Address Principal Place of Business PO BOX 2248 PO BOX 2248 BAKERSFIELD CA 93303 BAKERSFIELD CA 93303-2248 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country Zip

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

CT CORPORATION SYSTEM

PLANTATION FL 33324

SIGNATURE .

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIE

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

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NAME

11.

1200 SOUTH PINE ISLAND ROAD

34年31年12年1月前

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

LAKE, JOHN W

3404 STATE ROAD

LAKE, WALTER G 3404 STATE ROAD

LAKE, ROBERT C

3404 STATE ROAD

3404 STATE ROAD

LAKE, DIANE S

LAKE, CHRIS C

3404 STATE ROAD

3404 STATE ROAD

VTD

SD

VD

BAKERSFIELD CA 93308

BAKERSFIELD CA 93308

BAKERSFIELD CA 93308

PULLEY, MARGUERITE K

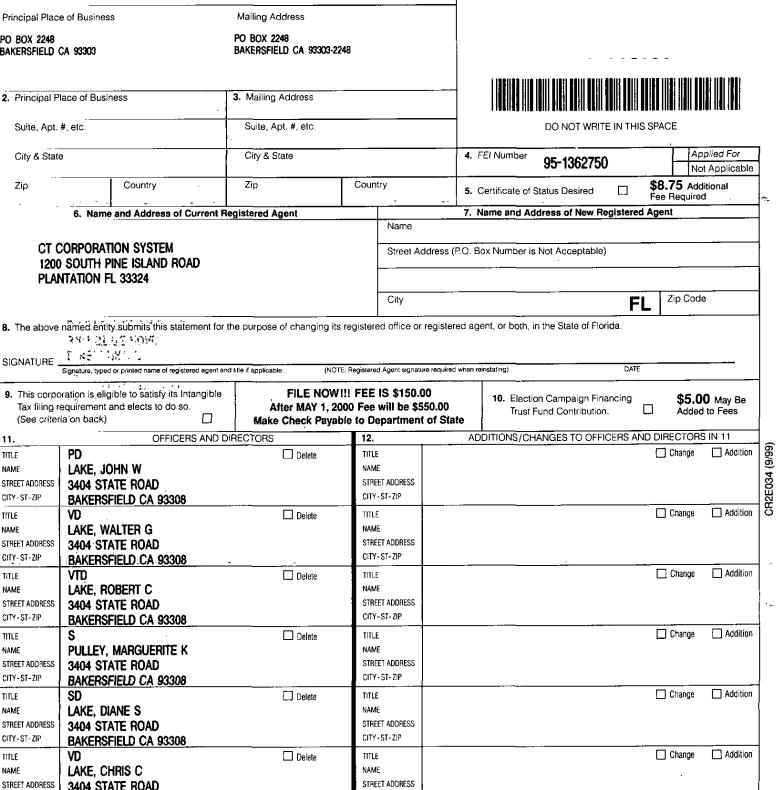
BAKERSFIELD CA 93308

BAKERSFIELD CA 93308

(See criteria'on back)

FILED May 17, 2000 8:00 am Secretary of State

05-17-2000 90964 036 ***150.00



BAKERSFIELD CA 93308 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 ddress, with all other like empowered.

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME STREET ADDRESS

TITLE NAME

NAME

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NAME

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NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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SIGNATURE: