2000 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # F9400006563 04-17-2000 90141 042 ***150.00 CASTROL NORTH AMERICA INC. Principal Place of Business Mailing Address 1500 VALLEY ROAD 1500 VALLEY ROAD WAYNE NJ 07470-2040 WAYNE NJ 07470 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-3339038 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE TITLE ☐ Delete FENSTER, ROSS L NAME STREET ADDRESS STREET ADDRESS 1500 VALLEY ROAD CITY-ST-ZIP CJTY-ST-ZIP **WAYNE NJ 07470** Delete [] Change ■ Addition TITLE TITLE NAME MACDONALD, ROBERT NAME STREET ADDRESS STREET ADDRESS 1500 VALLEY ROAD CITY-ST-ZIP CITY-ST-ZIP WAYNE NJ Secretary X7 Change ☐ Addition X Delete TITLE TITLE Rita P. Campanile 1500 Valley Road NAME DOCKRY, KATHLEEN A NAME STREET ADDRESS STREET ADDRESS 1500-VALLEY ROAD Wayne, NJ 07470 CITY-ST-7IP CITY-ST-ZIP WAYNE NJ 07470 Change ☐ Addition Delete TITLE TITLE NAME DEARDEN, MICHAEL B NAME STREET ADDRESS STREET ADDRESS **BURMAH CASTROL HOUSE** CITY-ST-ZIP CITY-ST-ZIP SWINDON, ENGLAND ☐ Delete Change Addition TITLE NAME HARDY, BRIAN STREET ADDRESS STREET ADDRESS **BURMAH CASTROL HOUSE** CITY-ST-ZIP CITY-ST-ZIP SWINDON, ENGLAND ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filling 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 flustee 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 TYPEO OR PRINTIP NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date