

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000827 (4)**

1. Corporation Name
TEXACO GROUP INC.



Principal Place of Business: **32 LOOCKERMAN SQUARE, SUITE L-100 DOVER DE 19904**
Mailing Address: **32 LOOCKERMAN SQUARE, SUITE L-100 DOVER DE 19904**

3. Date Incorporated or Qualified: **02/20/1995**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **76-0454935**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

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: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIJUR, P.I.	
STREET ADDRESS	2000 WESTCHESTER AVE.	
CITY-ST-ZIP	WHITE PLAINS NY 10650	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, C.R.	
STREET ADDRESS	2000 WESTCHESTER AVE.	
CITY-ST-ZIP	WHITE PLAINS NY 10650	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNLAP, J.L.	
STREET ADDRESS	2000 WESTCHESTER AVE.	
CITY-ST-ZIP	WHITE PLAINS NY 10650	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CAZELOT, C.P. JR.	
STREET ADDRESS	2000 WESTCHESTER AVE.	
CITY-ST-ZIP	WHITE PLAINS NY 10650	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DAVIDSON, C.B.	
STREET ADDRESS	2000 WESTCHESTER AVE.	
CITY-ST-ZIP	WHITE PLAINS NY 10650	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ULRICH, R.W.	
STREET ADDRESS	2000 WESTCHESTER AVE.	
CITY-ST-ZIP	WHITE PLAINS NY 10650	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Asst Secretary
6.3 STREET ADDRESS	F.J. Attermeier
6.4 CITY-ST-ZIP	1111 Bagby St. Houston TX 77002

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)(c), 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: **Fredric J. Attermeier**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FREDRIC J. ATTERMEIER
ASSISTANT SECRETARY
Date: **29 Apr 96**
Daytime Phone: **565-51-96**

CR2E034 (12/95)