## May 19, 1999 8:00 am Secretary of State

05-19-1999 90004 003 \*1,350.00

r engarna 1910 (Bin) Galla Natia Colle Balla Adela Solis Colle (Classical India 1901)

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000000827

1. Corporation Name

TEXACO GROUP INC.

Principal Place of Business Mailing Address							1411 maini (814	0 11811 1881 1881
20000 WESTCH		P.O. BOX 1404						
WHITE PLAINS		DEPT. 007						
US		HOUSTON TX 77251-1404				DO NOT WRITE IN THIS SPACE		
		•				3. Date Incorporated or Qualifed 02/20/1995		 
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	A	pplied For
21		26	26			7 <del>6-</del> 0454935	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee R	lequired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23 .		28				Trust Fund Contribution	Added	to Fees
Zip	, Country	Zip	Cour	ntry		8. This corporation owes the current year Inta	ıngible	
24	25	5 29 30		Personal Property Tax. ☐ Yes ☐ No			□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered A	Agent	
71.5	ODERSTON HALL CORDODATION	CVOTEM INC		<b>81</b> N	Name			
	PRENTICE-HALL CORPORATION	STSTEM, INC.	82 Street Addre			ss (P.Q. Box Number is Not Acceptable)		
	HAYS ST., STE. 105							
IALL	AHASSEE FL 32301	l		83				
		-		84 (	City		85 Zip	Code
					•	FL	'	j
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was author</li> </ol>					amed corpo	ration submits this statement for the purpose of ones, board of directors. I hereby accept the appoint	changing its	s registered egistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statu	tes.		• • • • • • • • • • • • • • • • • • • •		1
SIGNATURE								
	Signature, typed or printed name of registered agent	<u></u>		Agent sig	gnature required	when reinstating) DATE	D DIDECT	OBS IN 12
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.		<del>- 10:</del>	ADDITIONS/CHANGES TO OFFICERS AN	Change	
TITLE	D DAMPOON CB	₩ DECE IE	1.1 TIT		\text{\mathbb{T}}''	M. Anderson 00 Weatcherter Aug.	(+) Orlango	
NAME	DAVIDSON, C.B.		1.2 NA		20	on wo folgater Aug.		
STREET ADDRESS				REETAD	DRESS AU	rite Plains, NY 1060		
CITY-ST-ZIP	WHITE PLAINS NY 10650	Пречете	_	Y-ST-ZI		ALTE PLAINS, PUT 10000	Change	☐ Addition
TITLE	D	☐ DELETE 2.11					□ Change	
NAME	DE 1011) 01111		2.2 NA					
STREET ADDRESS			2.3 ST	REET AD	DRESS			1
CITY-ST-ZIP			_	TY-ST-Z	IP .		Change	Addition
TITLE	D	☐ DELETE 3.1		LE			☐ Criange	- Addition
NAME	STONER, J.L		3.2 NA	ME				
STREET ADDRESS	2000 WESTCHESTER AVE.		3.3 STI	REETAD	DRESS			
CITY-ST-ZIP	WHITE PLAINS NY 10650		3.4. CI	ry-st-z	IP I			F73 A 4 (1)
TITLE	Р	☐ DELETE	4.1 TIT	LE			☐ Change	Addition
NAME	CAZELOT, C.P. JR.		4. 2 NA	ME				
STREET ADDRESS			4.3 STI	REETAD	ORESS			
CITY-ST-ZIP	WHITE PLAINS NY 10650		4.4 CIT	Y- ST- ZI	P			
TITLE	S	☐ DELETE	5.1 TIT	LE			☐ Change	Addition
NAME	ANDERSON, K.M.		5.2 NA	ME				
STREET ADDRESS	2000 WESTCHESTER AVE. 53		5.3 ST	REEȚAD	ORESS			

14. 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

AS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

WHITE PLAINS NY 10650

ATTERMEIER, F.J.

1111 BAGBY ST

DELETE

Addition