

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90089 032 \*\*\*150.00

**DOCUMENT # F97000006059**  
**1. Entity Name**  
**NEWPORT NEWS TANKER HOLDING CORPORATION**

**Principal Place of Business**  
**4101 WASHINGTON AVE.**  
**NEWPORT NEWS VA 23607**

**Mailing Address**  
**4101 WASHINGTON AVE.**  
**NEWPORT NEWS VA 23607**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 76-0485700		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CCOO	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRICKS, W.P.			NAME	T.C. SCHIEVELBEIN		
STREET ADDRESS	4101 WASHINGTON AVE.			STREET ADDRESS	4101 WASHINGTON AVE		
CITY-ST-ZIP	NEWPORT NEWS VA 23607			CITY-ST-ZIP	NEWPORT NEWS, VA 23607		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	W. M. MITCHELL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHIEVELBEIN, T.C.			NAME	4101 WASHINGTON AVE		
STREET ADDRESS	4101 WASHINGTON AVE.			STREET ADDRESS	NEWPORT NEWS, VA 23607		
CITY-ST-ZIP	NEWPORT NEWS VA 23607			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	J. H. MULLAN	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ANDERSSON, DAVID J			NAME	1840 CENTURY PARK EAST		
STREET ADDRESS	4101 WASHINGTON AVE.			STREET ADDRESS	LOS ANGELES, CA 90067		
CITY-ST-ZIP	NEWPORT NEWS VA 23607			CITY-ST-ZIP			
TITLE	VS	<input checked="" type="checkbox"/> Delete		TITLE	TREASURER & CONTROLLER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLARKSON, S.B.			NAME	A.F. MYERS		
STREET ADDRESS	4101 WASHINGTON AVE.			STREET ADDRESS	1840 CENTURY PARK EAST		
CITY-ST-ZIP	NEWPORT NEWS VA 23607			CITY-ST-ZIP	LOS ANGELES, CA 90067		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WYATT, D.R.			NAME			
STREET ADDRESS	4101 WASHINGTON AVE.			STREET ADDRESS			
CITY-ST-ZIP	NEWPORT NEWS VA 23607			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** W. M. MITCHELL **REQUIRED** W. M. MITCHELL 2/15/02 (757) 380-3600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment  
#F97000006059

Directors and Officers  
of  
**NEWPORT NEWS TANKER HOLDING CORPORATION**  
November 30, 2001

J. H. Mullan	Director
A. F. Myers	Director
W. B. Terry	Director

**Officers**

T. C. Schievelbein	President
W. M. Mitchell	Vice President and Assistant Secretary
J. H. Mullan	Secretary
A. F. Myers	Treasurer and Controller

<del>D. C. Berry</del>	Assistant Secretary
D. P. DeMoss	Assistant Secretary
J. J. Gildea	Assistant Secretary
D. J. Huneycutt	Assistant Secretary
A. L. Pharr	Assistant Secretary
K. Salmas	Assistant Secretary
D. R. Wyatt	Assistant Treasurer
V. W. Schoenig	Assistant Treasurer
L. A. Straits	Assistant Treasurer
D. H. Strode	Assistant Treasurer
G. L. Corey	Assistant Controller
K. L. Shields	Assistant Controller