

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000991

1. Entity Name

PIONEER RESOURCES OF DELAWARE, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90271 041 ***150.00

Principal Place of Business

Mailing Address

5205 N O'CONNOR BLVD
1400 WILLIAMS SQUARE WEST
IRVING TX 75039

5205 N O'CONNOR BLVD
1400 WILLIAMS SQUARE WEST
IRVING TX 75039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-2681770**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 VS ☒ Delete
NAME SMITH, BARRETT M
STREET ADDRESS 5205 N. O'CONNOR BLVD
CITY-ST-ZIP IRVING TX 75039

TITLE VSD ☐ Delete
NAME WITHROW, MARK L
STREET ADDRESS 5205 N. O'CONNOR BLVD
CITY-ST-ZIP IRVING TX

TITLE TAS ☒ Delete
NAME KAMRDT, CURT F
STREET ADDRESS 303 WEST WALL SUITE 101
CITY-ST-ZIP MIDLAND TX

TITLE VAS ☒ Delete
NAME KILE, LON C
STREET ADDRESS 5205 N. O'CONNOR BLVD
CITY-ST-ZIP IRVING TX

TITLE VAS ☐ Delete
NAME HOWARD, W T
STREET ADDRESS 5205 N. O'CONNOR BLVD
CITY-ST-ZIP IRVING TX

TITLE VAS ☒ Delete
NAME PETTY, STEPHAN R
STREET ADDRESS 5205 N. O'CONNOR BLVD
CITY-ST-ZIP IRVING TX

TITLE ☐ Change ☒ Addition
NAME Sheffield, Scott D.
STREET ADDRESS 5205 N. O'Connor Blvd
CITY-ST-ZIP Irving, Tx 75039

TITLE ☐ Change ☒ Addition
NAME Controller/AS
Dealy, Richard P.
STREET ADDRESS 5205 N. O'Connor Blvd
CITY-ST-ZIP Irving, Tx 75039

TITLE ☐ Change ☒ Addition
NAME V/AS
Alameddine, A.R.
STREET ADDRESS 5205 N. O'Connor Blvd
CITY-ST-ZIP Irving, Tx 75039

TITLE ☐ Change ☒ Addition
NAME V/AS
Kellum, Danny
STREET ADDRESS 5205 N. O'Connor Blvd
CITY-ST-ZIP Irving, Tx 75039

TITLE ☐ Change ☒ Addition
NAME V/AS
Sheffield, Kenneth H., Jr.
STREET ADDRESS 5205 N. O'Connor Blvd
CITY-ST-ZIP Irving, Tx 75039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)