

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90030 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000005598

1. Corporation Name
OCCIDENTAL PETROCHEM PARTNER GP, INC.



Principal Place of Business

5005 LBJ FREEWAY
 DALLAS TX 75244

Mailing Address

5005 LBJ FREEWAY
 DALLAS TX 75244

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. BOX 300

Suite, Apt. #, etc.

27 ATTN: STATE TAX

City & State

28 TULSA OK

Zip

Country

29 74102

30 US

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

95-4695328

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301

81 Name

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

83

84

10. Name and Address of New Registered Agent

CERTIFIED MAIL # 039441
DATE MAILED APR 20 1999
 FL 88 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation hereby certifies 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HIRL, J. ROGER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5005 LBJ FREEWAY	1.2 NAME	
STREET ADDRESS	DALLAS TX 75244	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DCEO LORRAINE, RICHARD A	2.1 TITLE	D/V/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5005 LBJ FREEWAY	2.2 NAME	
STREET ADDRESS	DALLAS TX 75244	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DSV MCDOLE, KEITH C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5005 LBJ FREEWAY	3.2 NAME	
STREET ADDRESS	DALLAS TX 75244	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V LIENERT, JAMES M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5005 LBJ FREEWAY	4.2 NAME	
STREET ADDRESS	DALLAS TX 75244	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VS PETERSON, LINDA S	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10889 WILSHIRE BLVD.	5.2 NAME	DAVID G. ROSS
STREET ADDRESS	LOS ANGELES CA 90024	5.3 STREET ADDRESS	110 WEST 7TH ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TULSA OK 74119
TITLE	VT YEN, DAVID C	6.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10889 WILSHIRE BLVD.	6.2 NAME	J. R. HAVERT
STREET ADDRESS	LOS ANGELES CA 90024	6.3 STREET ADDRESS	10889 WILSHIRE BLVD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LOS ANGELES CA 90024

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. ROSS 4-19-99 (918) 561-3497

Date

Daytime Phone #

CR2E034 (1/198)

UPAC034