


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90113 019 \*\*\*\*50.00

<b>DOCUMENT # M01000001016</b> 1. Entity Name <b>WILCOHESS LLC</b>	
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Principal Place of Business <b>5446 UNIVERSITY PARKWAY WINSTON-SALEM, NC 27105</b>	Mailing Address <b>5446 UNIVERSITY PARKWAY WINSTON-SALEM, NC 27105</b>
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**24042946**



**DO NOT WRITE IN THIS SPACE**

01142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>56-2238783</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

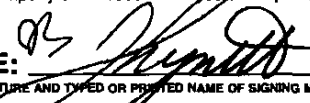
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR A T WILLIAMS OIL CO. INC. P.O. BOX 7287 WINSTON-SALEM, NC 27109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR AMERADA HESS CORPORATION 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10079</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **ASSISTANT SECRETARY** **04/05/04** **(732) 750-6488**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #