

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002592

Entity Name: ASTRA OIL COMPANY LLC

FILED  
Apr 26, 2011  
Secretary of State

## Current Principal Place of Business:

301 MAIN STREET, STE 201  
HUNTINGTON BEACH, CA 92648

## New Principal Place of Business:

301 MAIN STREET  
SUITE 201  
HUNTINGTON BEACH, CA 92648

## Current Mailing Address:

301 MAIN STREET, STE 201  
HUNTINGTON BEACH, CA 92648

## New Mailing Address:

301 MAIN STREET  
SUITE 201  
HUNTINGTON BEACH, CA 92648

FEI Number: 20-4523504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: WINGET, CLIFFORD L III  
Address: 301 MAIN STREET, STE 201  
City-St-Zip: HUNTINGTON BEACH, CA 92648

Title: MGR  
Name: BURKE, KARI M  
Address: 301 MAIN STREET, STE 201  
City-St-Zip: HUNTINGTON BEACH, CA 92648

Title: MGR  
Name: SHAW, KRISTI A  
Address: 5718 WESTHEIMER, SUITE 1800  
City-St-Zip: HOUSTON, CA 77057

Title: MGR  
Name: KOTULA, IRENEUSZ W  
Address: 301 MAIN STREET, STE 201  
City-St-Zip: HUNTINGTON BEACH, CA 92648

Title: MGR  
Name: VITOR, BRUNO  
Address: 5718 WESTHEIMER, SUITE 1800  
City-St-Zip: HOUSTON, TX 77057

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KRISTI A SHAW

MGR

04/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date