

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05848

FILED
Feb 17, 2005
Secretary of State

Entity Name: ATLANTIC RICHFIELD COMPANY

Current Principal Place of Business:

4101 WINFIELD RD
WARRENVILLE, IL 60555

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1036
WARRENVILLE, IL 605551036

New Mailing Address:

FEI Number: 23-0371610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELBERT, SA
Address: 801 WARRENVILLE RD.
City-St-Zip: LISLE, IL 60532

Title: VTD () Delete
Name: TODD, DE
Address: 801 WARRENVILLE RD.
City-St-Zip: LISLE, IL 60532

Title: S () Delete
Name: CLAYTON, P.J.
Address: 4101 WINFIELD RD.
City-St-Zip: WARRENVILLE, IL 60555

Title: AS () Delete
Name: STEIN, GEOFF
Address: 4101 WINFIELD RD.
City-St-Zip: WARRENVILLE, IL 60555

Title: D () Delete
Name: WURTZ, GJ
Address: 801 WARRENVILLE RD.
City-St-Zip: LISLE, IL 60532

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFF STEIN

AS

02/17/2005

Electronic Signature of Signing Officer or Director

Date