

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90181 001 \*\*\*300.00

**DOCUMENT # P10703**

1. Entity Name

**BP EXPLORATION & OIL INC.****ERNST & YOUNG LLP****34-6565596****CHICAGO, IL 60606-6301***ms*

Principal Place of Business

Mailing Address

**200 E RANDOLPH DRIVE  
CHICAGO IL 60601  
US****200 E RANDOLPH DRIVE  
CHICAGO IL 60601  
US****42049**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **34-6520509**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PD			<input checked="" type="checkbox"/>	P	David H. Welch	200 E. Randolph Dr	Chicago IL 60601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MCGIMPSEY, R A	200 E RANDOLPH DRIVE	CHICAGO IL 60601							
	VD			<input checked="" type="checkbox"/>	VP	James G. Nemeth	1615 N. Street NW #200	Washington, DC 20036	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	INGLIS, A.	501 WESTLAKE PARK BLVD	HOUSTON TX 77079-2625							
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BURDETT, J.C.	200 PUBLIC SQUARE	CLEVELAND OH 44114-2301							
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	EILLES, C.A.	501 WESTLAKE PARK BLVD	HOUSTON TX 77079-2625							
				<input type="checkbox"/>	AS	James L. Siddall	200 E. Randolph Dr	Chicago IL 60601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	SD	Debra A. Plumb	200 E. Randolph Dr	Chicago IL 60601	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 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 (10/00)