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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

CERTIFIE
DATE M

DOCUMENT # **P18465** (5)

1. Corporation Name
OCCIDENTAL CRUDE SALES, INC.

Principal Place of Business	Mailing Address
2000 POST OAK BLVD. HOUSTON TX 77506-4409 US	P. O. BOX 300 TULSA OK 74102-0300 US

3. Date Incorporated or Qualified: 03/17/1988
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 94-3051926 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYS STREET
STE - 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature: typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	AS	☐ DELETE
NAME	PARISE, STEPHEN P.	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VT	☒ DELETE
NAME	GRUBERTH, F.J.	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	DP	☒ DELETE
NAME	WOOD, ROBERT L.	
STREET ADDRESS	2000 POST OAK BLVD.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	☒ DELETE
NAME	MARTIN, D.R.	
STREET ADDRESS	1200 DISCOVERY DR	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	AS	☐ DELETE
NAME	ROSS, DAVID G	
STREET ADDRESS	110 WEST 7TH STREET	
CITY-ST-ZIP	TULSA OK	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	AT	☐ Change ☒ Addition
2.2 NAME	GREEN, SHELLEY D.	
2.3 STREET ADDRESS	10889 WILSHIRE BLVD.	
2.4 CITY-ST-ZIP	LOS ANGELES CA 90024	
3.1 TITLE	P/D	☐ Change ☒ Addition
3.2 NAME	MILLER, MICHAEL P.	
3.3 STREET ADDRESS	1200 DISCOVERY DR.	
3.4 CITY-ST-ZIP	BAKERSFIELD CA 90024	
4.1 TITLE	V/S	☐ Change ☒ Addition
4.2 NAME	PETERSON, LINDA A.	
4.3 STREET ADDRESS	10889 WILSHIRE BLVD.	
4.4 CITY-ST-ZIP	LOS ANGELES CA 90024	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	NIEHAUS, JAMES R.	
6.3 STREET ADDRESS	1200 DISCOVERY DR.	
6.4 CITY-ST-ZIP	BAKERSFIELD CA 93309	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED — DAVID G. ROSS — 4-24-97 — (918) 561-3497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THN

0500350