

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90004 028 ***550.00

DOCUMENT # P20832

1. Entity Name
SAUDI REFINING, INC.

Principal Place of Business
**9009 WEST LOOP SOUTH
 HOUSTON TX 77096**

Mailing Address
**PO BOX 4602
 HOUSTON TX 77210-4602**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **76-0253177**

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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	D/S	<input type="checkbox"/> Delete
NAME	LEWIS, LESLIE G.	
STREET ADDRESS	5310 LONGMONT	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	WOELFEL, F.R.	
STREET ADDRESS	9626 BRIAR FOREST DR	
CITY-ST-ZIP	HOUSTON TX 77063	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MALLEY, ROBERT J	
STREET ADDRESS	14722 OAK BEND	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	OMER, MICHAEL L.	
STREET ADDRESS	12893 WESTHEIMER #175	
CITY-ST-ZIP	HOUSTON TX 77077	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	MCGINLEY, STANLEY E.	
STREET ADDRESS	ARAMCO, 1291 FURSAN CIR	
CITY-ST-ZIP	DHAHRAN, 31311, SAUDI ARABIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAM A AL-BAYAT	
STREET ADDRESS	3806 SHADY HARBOR	
CITY-ST-ZIP	HOUSTON, TX 77082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)