


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90390 035 ***150.00

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**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0253177

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

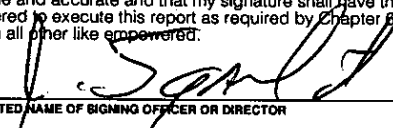
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ESTES, KENNETH E 9009 W LOOP S HOUSTON, TX 77096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALLEY, ROBERT J 9009 W LOOP S HOUSTON, TX 77096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OMER, MICHAEL L. 9009 W LOOP S HOUSTON, TX 77096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGINLEY, STANLEY E. SAUDI ARABIAN OIL COMPANY DHAHRAN, 31311, SAUDI ARABIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SALAMAH, S M 9009 W LOOP S HOUSTON, TX 77096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SGARLAT, JAMES 9009 W LOOP S HOUSTON, TX 77096

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.C. Sgarlat  Date: 04-27-04 Daytime Phone #: 713/432-4317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMS