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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90091 028 ***150.00

UP4427

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P26724

1. Corporation Name
ORYX GAS MARKETING COMPANY

Principal Place of Business Mailing Address
 P. O. BOX 2880 P. O. BOX 2880
 DALLAS TX 75221-9880 DALLAS TX 75221-9880



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
10/27/1989
 4. FEI Number Applied For
75-2297077 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 owes the current year Intangible Personal Property Tax. Yes No

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KAUFMAN, WILLIAM H	
STREET ADDRESS	6818 CLEARW SPRINGS CIRCLE	
CITY-ST-ZIP	GARLAND TX 75044	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BOX, JERRY W	
STREET ADDRESS	7321 OAK BLUFF DR	
CITY-ST-ZIP	DALLAS TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BURDETT, MICHAEL S	
STREET ADDRESS	7124 LEAMEADOW	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FLOWERS, STEVEN J	
STREET ADDRESS	2808 MCKINNEY AV.E, #743	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGEE, BECKY A	
STREET ADDRESS	13155 NOEL ROAD	
CITY-ST-ZIP	DALLAS TX 75240-5067	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEARTWELL, FRANCES G	
STREET ADDRESS	2226 ARBOR CREST	
CITY-ST-ZIP	CARROLLTON TX 75007	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patricia L. Horsfall	
1.3 STREET ADDRESS	13155 Noel Rd.	
1.4 CITY-ST-ZIP	Dallas, TX 75240-5067	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Becky A McGee* 1/8/99 972/715-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)