

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90191 024 \*\*\*150.00

DOCUMENT # P27777

1. Corporation Name  
OXY SERVICES, INC.

Principal Place of Business

10889 WILSHIRE BLVD.  
LOS ANGELES CA 90024  
US

Mailing Address

P.O. BOX 300  
TULSA OK 74102  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1990

4. FEI Number

95-2908249

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

85 Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
TALLAHASSEE FL 32301

CERTIFIED MAIL # 039133  
DATE MAILED APR 20 1999

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, partnership, or limited liability company is the owner of the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's or partnership's or limited liability company'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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVPC ☐ DELETE

NAME DOMINICK, S. P JR.  
STREET ADDRESS 10889 WILSHIRE BLVD  
CITY-STATE-ZIP LOS ANGELES CA

TITLE CDP ☒ DELETE

NAME LEACH, A. R.  
STREET ADDRESS 10889 WILSHIRE BLVD.  
CITY-STATE-ZIP LOS ANGELES CA

TITLE AS ☐ DELETE

NAME PARISE, S P  
STREET ADDRESS 10889 WILSHIRE BLVD  
CITY-STATE-ZIP LOS ANGELES CA

TITLE DVPT ☒ DELETE

NAME YEN, DAVID C  
STREET ADDRESS 10889 WILSHIRE BLVD  
CITY-STATE-ZIP LOS ANGELES CA 90024

TITLE AS ☐ DELETE

NAME GAY, M. T.  
STREET ADDRESS 10889 WILSHIRE BLVD.  
CITY-STATE-ZIP LOS ANGELES CA

TITLE AS ☐ DELETE

NAME ROSS, DAVID G  
STREET ADDRESS 110 WEST 7TH ST  
CITY-STATE-ZIP TULSA OK

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE D/P ☐ Change ☒ Addition

2.2 NAME JOHN W. MORGAN

2.3 STREET ADDRESS 10889 WILSHIRE BLVD  
2.4 CITY-STATE-ZIP LOS ANGELES CA 90024

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE AT ☐ Change ☒ Addition

4.2 NAME J. R. HAVERT

4.3 STREET ADDRESS 10889 WILSHIRE BLVD  
4.4 CITY-STATE-ZIP LOS ANGELES CA 90024

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

DAVID G. ROSS

4-19-99

(918/561-3497)

CR2E034 (11/98)