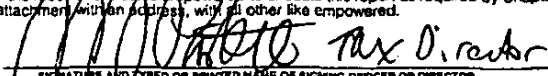


FILED  
Apr 11, 2005 8:00 am  
Secretary of State

02-15-2005 90022 034 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                                         |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P29261</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                        |                                                                                                                                                         |
| 1. Entity Name<br><b>STATOIL NORTH AMERICA INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                                                                         |                                                                                                                                                         |
| Principal Place of Business<br><b>225 HIGH RIDGE ROAD<br/>STAMFORD, CT 06905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | Mailing Address<br><b>225 HIGH RIDGE ROAD<br/>STAMFORD, CT 06905</b>                                                                    |                                                                                                                                                         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              | 3. Mailing Address                                                                                                                      |                                                                                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                                         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              | City & State                                                                                                                            |                                                                                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                                                                                                      | Zip                                                                                                                                     | Country                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | 4. FEI Number<br><b>13-3415760</b>                                                                                                      |                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                |                                                                                                                                                         |
| 6. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |                                                                                                                                         |                                                                                                                                                         |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |                                                                                                                                         |                                                                                                                                                         |
| FILE NOW! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$350.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                             |                                                                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>SMITH, LUANN<br>58 SUMMIT RIDGE ROAD<br>STAMFORD, CT 06802 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | Director<br>Thor Inge Willumsen<br>Forusbeen 50<br>Stavanger, Norway, 4035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AS<br>O'BRIEN, II, CHARLES<br>225 HIGH RIDGE ROAD<br>STAMFORD, CT 06905 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | Director<br>Irene Rummelhoff<br>Forusbeen 50<br>Stavanger, Norway, 4035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>PASTORE, MARTIN J<br>25 PLAYGROUND ROAD<br>RIDGEFIELD, CT 06877 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | Director<br>Gail Steinberg<br>Forusbeen 50<br>Stavanger, Norway, 4035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CD<br>OVERLAND, ERLING<br>FORUSBEEN 50<br>STAVANGER, NORWAY, 4035 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | CD<br>Jon Arne Jacobsen<br>Forusbeen 50<br>Stavanger, Norway, 4035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>MIDDLETON, JACOB<br>FORUSBEEN 50<br>STAVANGER, NORWAY, 4035 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | Director<br>William Muloney<br>Forusbeen 50<br>Stavanger, Norway, 4035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>BJORNSTAD, GEIR<br>225 HIGH RIDGE ROAD<br>STAMFORD, CT 06905 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      |                                                                                                                                                         |
| 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 person or persons 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:  Tax Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | Date: 2/1/05 (w) 978-6962                                                                                                               |                                                                                                                                                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              | Date                                                                                                                                    |                                                                                                                                                         |

# ATTACHMENT

66009359

#P29261

Statoil North America Inc.  
Board of Directors

Jon Arnt Jacobsen (Chairman)  
Eføysvingen 34  
4022 Stavanger  
Norway

Thor Inge Willumsen  
Stokkahagen 46  
4023 Stavanger  
Norway

Jacob Middelthon  
Nygårdsbakken 33  
4044 Hafrsfjord  
Norway

Irene Rummelhoff  
Brynhildsgt. 9  
4041 Hafrsfjord  
Norway

Egil Steinberg  
Ulsberkroken 12  
4034 Stavanger  
Norway

William Maloney  
9 Ledborough Gate  
Beaconsfield, Bucks HP9 2DG  
UK