

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90352 017 \*\*\*150.00

**DOCUMENT # P29261**

1. Entity Name  
**STATOIL NORTH AMERICA INC.**



Principal Place of Business  
**225 HIGH RIDGE ROAD  
STAMFORD CT 06905**

Mailing Address  
**225 HIGH RIDGE ROAD  
STAMFORD CT 06905**



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 **13-3415760**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

## 7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SMITH, LUANN**  
STREET ADDRESS **58 SUMMIT RIDGE ROAD**  
CITY-ST-ZIP **STAMFORD CT 06802**

TITLE **S** ☒ Delete  
NAME **NAGY, JANE**  
STREET ADDRESS **34 FROST POND ROAD**  
CITY-ST-ZIP **STAMFORD CT 06903**

TITLE **TD** ☐ Delete  
NAME **PASTORE, MARTIN J**  
STREET ADDRESS **25 PLAYGROUND ROAD**  
CITY-ST-ZIP **RIDGEFIELD CT 06877**

TITLE **Chair** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **ASSISTANT SECRETARY**  
STREET ADDRESS **CHARLES O'BRIEN II**  
CITY-ST-ZIP **225 HIGH RIDGE ROAD  
STAMFORD CT 06905**

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS **LEIR-BJORN STAD**  
CITY-ST-ZIP **225 HIGH RIDGE ROAD  
STAMFORD CT 06905**

TITLE ☐ Change ☒ Addition  
NAME **CHAIRMAN DIRECTOR**  
STREET ADDRESS **ERLING OVERLAND**  
CITY-ST-ZIP **FORUSBEEN SO  
4035 STAVANGER, NORWAY**

TITLE ☐ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **THOR INGE WILKENSEN**  
CITY-ST-ZIP **FORUSBEEN SO  
4035 STAVANGER, NORWAY**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **JACOB MIDDETON**  
CITY-ST-ZIP **FORUSBEEN SO  
4035 STAVANGER, NORWAY**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **ELOAN SAETRE**  
CITY-ST-ZIP **FORUSBEEN SO  
4035 STAVANGER, NORWAY**

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:

**SIGNATURE OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

~~Attachment~~

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Additional Director:

Title: Director  
Name: Jon Arnt Jacobsen  
Address: Forusbeen 50  
4035 Stavanger, Norway

80015433