

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P32772 (6)**  
 1. Corporation Name **EL DORADO ENERGY COMPANY**



Principal Place of Business: **18101 VON KARMAN AVE., SUITE 400 SUITE 1700 IRVINE CA 92715-1046 US**  
 Mailing Address: **18101 VON KARMAN AVE., SUITE 400 SUITE 1700 IRVINE CA 92612-1032 US**

3. Date Incorporated or Qualified: **02/11/1991**  
 3a. Date of Last Report: **04/29/1996**  
 4. FEI Number: **33-0395469**  
 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country  
 2a. Mailing Address: **25** Suite, Apt. #, etc. **26** City & State **27** Zip **28** Country  
**29** **92612-1046** **30**

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City **FL** **B5** 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	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORTENSEN, H.L.</b>	
STREET ADDRESS	<b>18101 VON KARMAN AVE</b>	
CITY-ST-ZIP	<b>IRVINE CA</b>	
TITLE	<b>DEV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EDGE, ROBERT M.</b>	
STREET ADDRESS	<b>391B ORCHARD ROAD</b>	
CITY-ST-ZIP	<b>NGEE ANN CITY SI</b>	
TITLE	<b>DSV</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSON, GEORGIA R.</b>	
STREET ADDRESS	<b>18101 VON KARMAN AVE</b>	
CITY-ST-ZIP	<b>IRVINE CA</b>	
TITLE	<b>VCFD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JAMES V. IACO, JR.</b>	
STREET ADDRESS	<b>18101 VON KARMAN AVE., #1700</b>	
CITY-ST-ZIP	<b>IRVINE CA</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>S. DANIEL MELITA</b>	
STREET ADDRESS	<b>LANSDOWNE HOUSE, BERKELEY SAUARE</b>	
CITY-ST-ZIP	<b>LONDON EN</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MULLER, EDWARD R</b>	
STREET ADDRESS	<b>18101 VON KARMAN AVE., #1700</b>	
CITY-ST-ZIP	<b>IRVINE CA 92715</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<b>D/P</b> <input checked="" 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	

Please see attachment.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE *Michelle J. Johnson* 4/18/97 (714) 700-7001

CP2E034 (9/96)

## ATTACHMENT TO FLORIDA CORPORATION ANNUAL REPORT-1997

El Dorado Energy Company  
Document Number: P32772

Item 12 continued: (Names and Street Addresses of Each Officer and Director)

<u>Title</u>	<u>Name</u>	<u>Business Address</u>	<u>City/State/Zip</u>
D	S. Linn Williams	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
D/P	Georgia R. Nelson	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
D/V	Paul R. Gillespie	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
D/V/T	Deborah L. Gronvold	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
D/V/GC/S	Robert F. Riley	12500 Fair Lakes Circle, #200	Fairfax, VA 22033
V	Donald W. Fields	12500 Fair Lakes Circle, #200	Fairfax, VA 22033
V	Bruce L. Franco	12500 Fair Lakes Circle, #200	Fairfax, VA 22033
V	Mark E. Irwin	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
V	Dennis R. Mielke	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
Asst. S	Michelle J. Johnson	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612
Asst. T	Kenneth J. Ziegler	18101 Von Karman Ave., Ste. 1700	Irvine, CA 92612

### Legend

EV = Executive Vice President  
Sr.V = Senior Vice President  
V = Vice President  
Asst.T = Assistant Treasurer  
Asst.V = Assistant Vice President  
Asst.S = Assistant Secretary  
AGC = Assistant General Counsel  
T = Treasurer  
S = Secretary  
D = Director  
C = Controller  
GC = General Counsel  
CFO = Chief Financial Officer  
P = President  
GM = General Manager