

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90011 021 \*\*\*150.00

0580242

**DOCUMENT # P35587**

1. Entity Name

**OSAN PETROLEUM CO., INCORPORATED**

Principal Place of Business

Mailing Address

**1167 6TH ST.  
MACON GA 31206  
US****POST OFFICE BOX 2285  
MACON GA 31203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **58-1181258**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete  
NAME **OSWALD, WALTER E.**  
STREET ADDRESS **856 TUCKER RD.**  
CITY-ST-ZIP **MACON GA**TITLE **V** ☐ Change ☒ Addition  
NAME **Pamela L Garcia**  
STREET ADDRESS **6639 Von Reg Dr**  
CITY-ST-ZIP **Macon GA 31216**TITLE **S** ☐ Delete  
NAME **OSWALD, KATHERINE A.**  
STREET ADDRESS **856 TUCKER RD.**  
CITY-ST-ZIP **MACON GA**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **OSWALD, JOHN EDWARD**  
STREET ADDRESS **337 ABBOTT PLACE**  
CITY-ST-ZIP **ST. SIMONS ISLAND GA**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☒ Delete  
NAME **NORWOOD, W. ED**  
STREET ADDRESS **780 CAPTAIN KELL DR.**  
CITY-ST-ZIP **MACON GA**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☒ Delete  
NAME **CAIN, W. JIMMY**  
STREET ADDRESS **3085 RIVER RIDGE DR**  
CITY-ST-ZIP **MACON GA**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Walter E. Oswald Jr**

Date

**2/08/01**

Daytime Phone #

**(478) 742-4584**

CR2E034 (10/00)