FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38664 (9)

1. Corporation Name
AMOCO ENERGY TRADING CORPORATION

Principal Place of Business	Mailing Address
501 WESTLAKE PARK BLVD HOUSTON TX 77079-2696 US	200 EAST RANDOLPH DRIVE MAIL CODE 2401A CHICAGO IL 60601-7125 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 36-3421804 ☐ 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

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 ______ Signature, typed or printed name of registered agent and title if applicable ______ NOTE: Registered Agent signature required when reinstating ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	STEHN, R. K.	1.2 NAME	R. L. Couch
STREET ADDRESS	501 WESTLAKE PARK BLVD.	1.3 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	1.4 CITY ST ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	KING, C.	2.2 NAME	
STREET ADDRESS	501 WESTLAKE PARK BLVD.	2.3 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	2.4 CITY ST ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	KOLB, F. T	3.2 NAME	
STREET ADDRESS	501 WESTLAKE PARK BLVD.	3.3 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	3.4 CITY ST ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	BENHAM, W. T.	4.2 NAME	
STREET ADDRESS	200 E. RANDOLPH DR.	4.3 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	4.4 CITY ST ZIP	
TITLE	VP	5.1 TITLE	☒ Change ☐ Addition
NAME	BASINGER, D. M.	5.2 NAME	R.L. Jespersen
STREET ADDRESS	501 WESTLAKE PARK BLVD.	5.3 STREET ADDRESS	240 4th Ave., S.W.
CITY ST ZIP	HOUSTON TX	5.4 CITY ST ZIP	Calgary, Alberta, Canada
TITLE	VP	6.1 TITLE	☒ Change ☐ Addition
NAME	NEFF, J. M.	6.2 NAME	M. T. Hunt
STREET ADDRESS	501 WESTLAKE PARK BLVD.	6.3 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: J L Siddall J. L. Siddall 4/28/95 312-856-4476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0385376 CP