

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90076 043 \*\*\*158.75

**DOCUMENT # P39396**

1. Entity Name

**REF-CHEM CORPORATION**

Principal Place of Business

1128S. GRANDVIEW  
 ODESSA TX 79763  
 US

Mailing Address

PO BOX 2588  
 ODESSA TX 79760-2588  
 US

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 **75-1294894**

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 SOUTH 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 **PCD** ☐ Delete  
 NAME **PAGE, HARVEY J.**  
 STREET ADDRESS **1128 S. GRANDVIEW**  
 CITY-ST-ZIP **ODESSA TX 79760**

TITLE **Exec. VP & C.O.O.** ☐ Change ☒ Addition  
 NAME **PAGE, RODNEY J.**  
 STREET ADDRESS **120 N. MUNGER**  
 CITY-ST-ZIP **PASADENA, TX 77506**

TITLE **D** ☐ Delete  
 NAME **LASSETER, TOM**  
 STREET ADDRESS **3611 PLUM GLENN CT**  
 CITY-ST-ZIP **HOUSTON TX 77059**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **WILSON, MICHAEL E**  
 STREET ADDRESS **1128 S. GRANDVIEW**  
 CITY-ST-ZIP **ODESSA TX 79760**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VT** ☒ Delete  
 NAME **SINCOX, DAVID R.**  
 STREET ADDRESS **120 N. MUNGER**  
 CITY-ST-ZIP **PASADENA TX**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **NICHOLS, BEN H.**  
 STREET ADDRESS **1128 SOUTH GRANDVIEW**  
 CITY-ST-ZIP **ODESSA TX**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **PAGE, RONALD W**  
 STREET ADDRESS **1801 CALIFORNIA -STE 2920**  
 CITY-ST-ZIP **DENVER CO 80202**

TITLE ☐ 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

HARVEY J. PAGE

1-25-01

Date

915-332-8531

Daytime Phone #

CR2E034 (10/00)