

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005929

1. Entity Name
TERRIER OIL COMPANY

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90095 014 ***150.00

Principal Place of Business
**307 MARGUERITE BLVD
LAFAYETTE LA 70503
US**

Mailing Address
**307 MARGUERITE BLVD
LAFAYETTE LA 70503
US**

00027937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3168929		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROUNDTREE, SUSAN M. 5124 COPPERFIELD DR PAGE FL 32571				Name Anderson, Susan M.			
				Street Address (P.O. Box Number is Not Acceptable)			
				1709 E. Jackson St.			
				City Pensacola FL Zip Code 32501			

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, ARDEN A			NAME			
STREET ADDRESS	307 MARGUERITE BLVD			STREET ADDRESS			
CITY-ST-ZIP	LAFAYETTE LA			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROUNDTREE, SUSAN M.			NAME	Susan M. Anderson		
STREET ADDRESS	5124 COPPERFIELD DR			STREET ADDRESS	1709 E. Jackson St.		
CITY-ST-ZIP	PAGE FL 32571			CITY-ST-ZIP	Pensacola, FL 32501		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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

4-4-01

Date

337/233-8881

Daytime Phone #

ARDEN A. ANDERSON

CR2E034 (10/00)