

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90003 004 ***158.75

DOCUMENT # V59466

1. Entity Name
NIZHNEKAMSKNEFTEKHIM U.S.A., INC.

Principal Place of Business

333 EARLE OVINGTON BLVD.
STE 103
UNIONDALE NY 11553-4635
US

Mailing Address

333 EARLE OVINGTON BLVD.
STE 103
UNIONDALE NY 11553-4635
US

2. Principal Place of Business

92 FRONT STREET

Suite, Apt. #, etc.

3. Mailing Address

92 FRONT STREET

Suite, Apt. #, etc.

City & State

HEMPSTEAD, NY

City & State

HEMPSTEAD, NY

4. FEI Number

65-0403635

Applied For

Not Applicable

Zip

11550

Country

USA

Zip

11550

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUSER, I MARTIN
1061 DURBIN PARKE DRIVE
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name HAUSER, I MARTIN

Street Address (P.O. Box Number is Not Acceptable)

8034 Degas COURT

City JACKSONVILLE

FL

Zip Code

32259

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/21/02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BECKERMAN, PHILIP S	
STREET ADDRESS	333 EARLE OVINGTON BLVD., STE 103	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHABAEV, AIDAR M	
STREET ADDRESS	333 EARLE OVINGTON BLVD., STE 103	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBOLOCHKOV, N. T.	
STREET ADDRESS	333 EARLE OVINGTON BLVD., STE 103	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUSSYGUINE, V. M.	
STREET ADDRESS	333 EARLE OVINGTON BLVD. STE 103	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARSENTYEV, S. S.	
STREET ADDRESS	333 EARLE OVINGTON BLVD., STE 103	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP BECKERMAN

4/18/02

Date

(516) 942-0500

Daytime Phone #

CR2E034 (9/01)