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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805671 (5)

1. Corporation Name
PLACID OIL COMPANY

Principal Place of Business 110 W 7TH ST TULSA OK 74119-1044 US	Mailing Address P.O. BOX 300 TULSA OK 74102-0300 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified 09/01/1943	
4. FEI Number 72-0395174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEMN, INC
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City & State
 84 Zip Code

CERTIFIED MAIL # 038835
DATE MAILED APR 09 1998 FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	DANIEL, E L	
STREET ADDRESS	1200 DISCOVERY DR	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	EVPD	<input checked="" type="checkbox"/> DELETE
NAME	NIEHAUS, JAMES R.	
STREET ADDRESS	1200 DISCOVERY DR	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ALDEN, JOHN W.	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JACKSON, DONALD G	
STREET ADDRESS	110 W 7TH ST	
CITY-ST-ZIP	TULSA OK	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSS, DAVID G.	
STREET ADDRESS	110 W. 7TH STREET	
CITY-ST-ZIP	TULSA OK	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HAVERT, J R	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROGER L. ABEL	
2.3 STREET ADDRESS	1200 DISCOVERY DR	
2.4 CITY-ST-ZIP	BAKERSFIELD, CA 93309	
3.1 TITLE	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID C. YEN	
6.3 STREET ADDRESS	10889 WILSHIRE BLVD.	
6.4 CITY-ST-ZIP	LOS ANGELES, CA 90024	

14. 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 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: *David G. Ross* **DAVID G. ROSS** 4-7-98 (918) 561-3497

CR2E034 (10/97)