

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90042 007 ***150.00

DOCUMENT # 805671

1. Entity Name

PLACID OIL COMPANY

Principal Place of Business

Mailing Address

110 W 7TH ST
 TULSA OK 74119-1044
 US

P.O. BOX 300
 TULSA OK 74102-0300
 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 **72-0395174**

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

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

Name

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

FL

Zip Code

CERTIFIED MAIL # 838080
DATE MAILED MAR 22 2000

8. The above named entity submits this statement for the purpose of changing its registered agent, 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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, S. A. (PETE)	NAME	
STREET ADDRESS	1200 DISCOVERY DR	STREET ADDRESS	
CITY-ST-ZIP	BAKERSFIELD CA	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABEL, ROGER L	NAME	LAURANCE, DALE R.
STREET ADDRESS	1200 DISCOVERY DR -	STREET ADDRESS	10889 WILSHIRE BLVD.
CITY-ST-ZIP	BAKERSFIELD GA 30309	CITY-ST-ZIP	LOS ANGELES, CA 90024
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDEN, JOHN W.	NAME	
STREET ADDRESS	10889 WILSHIRE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DONALD G	NAME	
STREET ADDRESS	110 W 7TH ST	STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DAVID G.	NAME	
STREET ADDRESS	110 W. 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERT, J. R.	NAME	
STREET ADDRESS	10889 WILSHIRE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90024	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: *David G. Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Ross

03/14/00

Date

(918)561-3497

Daytime Phone #

CR2E034 (9/93)