

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90296 005 \*\*\*150.00

**DOCUMENT # 805671**

1. Entity Name  
**PLACID OIL COMPANY**

Principal Place of Business <b>110 W 7TH ST          TULSA OK 74119-1044          US</b>	Mailing Address <b>P.O. BOX 300          TULSA OK 74102-0300          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>72-0395174</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEMN, INC          1201 HAYS STREET, SUITE 105          TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP SMITH, S. A. (PETE) 1200 DISCOVERY DR BAKERSFIELD CA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP OLSON, R. CASEY 5005 LBJ FREEWAY DALLAS TX 75244</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAURANCE, DALE R 10889 WILSHIRE BLVD LOS ANGELES CA 90024</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P IRELAN, ROBERT E. 5 GREENWAY PLAZA HOUSTON, TX 77046</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD ALDEN, JOHN W. 10889 WILSHIRE BLVD. LOS ANGELES CA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS PETERSON, LINDA S. 10889 WILSHIRE BLVD. LOS ANGELES, CA 90024</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS JACKSON, DONALD G 110 W 7TH ST TULSA OK</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ROSS, DAVID G. 110 W. 7TH STREET TULSA OK</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT HAVERT, J. R. 10889 WILSHIRE BLVD. LOS ANGELES CA 90024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**CERTIFIED MAIL # 038641**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b) Florida Statute. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be the same as the information on file 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 David G. Ross 04/04/01 (918) 561-3497  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)