


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 823082 (3)**

1. Corporation Name  
**OCCIDENTAL CHEMICAL CORPORATION**

Principal Place of Business <b>5005 LBJ FREEWAY                  MAJ RUDICK (GENERAL COUNSEL)                  DALLAS TX 75244                  US</b>	Mailing Address <b>P.O. BOX 300, N/A                  TULSA OK 74102-0300                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/22/1969</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
4. FEI Number <b>16-0484732</b>		Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent	

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC  
 1201 HAYS STREET  
 STE - 105  
 TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>HIRL, J. ROGER</b>	
STREET ADDRESS	<b>5005 LBJ FREEWAY</b>	
CITY - ST - ZIP	<b>DALLAS TX</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>LEACH, A. R.</b>	
STREET ADDRESS	<b>10889 WILSHIRE BLVD</b>	
CITY - ST - ZIP	<b>LOS ANGELES CA</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>LORRAINE, RICHARD A</b>	
STREET ADDRESS	<b>5005 LBJ FREEWAY</b>	
CITY - ST - ZIP	<b>DALLAS TX</b>	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREEN, SHELLEY D</b>	
STREET ADDRESS	<b>10889 WILSHIRE BLVD</b>	
CITY - ST - ZIP	<b>LOS ANGELES CA</b>	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	<b>MCDOLE, KEITH C</b>	
STREET ADDRESS	<b>5005 LBJ FREEWAY</b>	
CITY - ST - ZIP	<b>DALLAS TX</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>ROSS, DG</b>	
STREET ADDRESS	<b>110 WEST 7TH ST</b>	
CITY - ST - ZIP	<b>TULSA OK</b>	

**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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DAVID C YEN</b>
4.3 STREET ADDRESS	<b>10889 WILSHIRE BLVD</b>
4.4 CITY - ST - ZIP	<b>LOS ANGELES CA 90024</b>
5.1 TITLE	D/V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**CERTIFIED MAIL # 038844**  
**DATE MAILED APR 09 1998**

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)