

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90618 028 \*\*\*150.00

**DOCUMENT # P00930**

1. Entity Name  
**OCCIDENTAL RESEARCH CORPORATION**

Principal Place of Business  
**10889 WILSHIRE BLVD.  
LOS ANGELES, CA 80024 US**

Mailing Address  
**P.O. BOX 300  
TULSA, OK 74102-0300 US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **95-2149707** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number Is Not Acceptable)  
**CERTIFIED MAIL # 039937**  
City **APR 14 2003 FL** Zip Code

**CERTIFIED MAIL # 039937**  
**DATE MAILED APR 14 2003 FL**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEES \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSS, D G 110 WEST 7TH ST TULSA, OK <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	VT HAVERT, J R 10889 WILSHIRE BLVD LOS ANGELES, CA 90024 <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	DP LEACH, ANTHONY R 10889 WILSHIRE BLVD LOS ANGELES, CA 90024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>AT RONALD K. TAKEUCHI 10889 WILSHIRE BLVD LOS ANGELES, CA 90024</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PARISE, STEPHEN P 10889 WILSHIRE BLVD LOS ANGELES, CA 90024 <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	VPC DOMINICK, S.P. JR 10889 WILSHIRE BLVD LOS ANGELES, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>P</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PETERSON, LINDA A 10889 WILSHIRE BLVD LOS ANGELES, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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** 4/9/03 (918) 561-3497  
Date Daytime Phone #

CR2E034 (10/02)