


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90019 013 ***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.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country



03042004 Chg-P CR2E034 (10/03)

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 Numbers Not Acceptable)
040647
DATE MAILED **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, D G			NAME			
STREET ADDRESS	110 WEST 7TH ST			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			
TITLE	AT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAKEUCHI, RONALD K			NAME			
STREET ADDRESS	10889 WILSHIRE BLVD			STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90024			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARISE, STEPHEN P			NAME			
STREET ADDRESS	10889 WILSHIRE BLVD			STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90024			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMINICK, S.P. JR			NAME			
STREET ADDRESS	10889 WILSHIRE BLVD			STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, LINDA A			NAME			
STREET ADDRESS	10889 WILSHIRE BLVD			STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **David G. Ross** 4/5/04 (918) 561-3497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #