

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00930 (8)
 1. Corporation Name
OCCIDENTAL RESEARCH CORPORATION



Principal Place of Business 10889 WILSHIRE BLVD. LOS ANGELES CA 90024 US	Mailing Address P.O. BOX 300 TULSA OK 74102 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1984	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 95-2149707	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, D G	1.2 NAME	
STREET ADDRESS	110 WEST 7TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	1.4 CITY-ST-ZIP	
TITLE	AT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SHELLEY D	2.2 NAME	
STREET ADDRESS	10889 WILSHIRE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAHSE, J E	3.2 NAME	D/P
STREET ADDRESS	2000 SO POST OAK BLVD	3.3 STREET ADDRESS	ANTHONY R. LEACH
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	10889 WILSHIRE BLVD.
TITLE	CV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, C T	4.2 NAME	
STREET ADDRESS	10889 WILSHIRE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGA, JOHN W	5.2 NAME	JOHN W. MORGAN
STREET ADDRESS	10889 WILSHIRE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, LINDA A	6.2 NAME	
STREET ADDRESS	10889 WILSHIRE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	6.4 CITY-ST-ZIP	

CERTIFIED MAIL # 038833
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 190.019, 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 in an attachment with an address.

SIGNATURE: _____ **DAVID G. ROSS** 4/7/98 (918) 561-3497

CP2E034 (10/97)