

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09114

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** AMOCO MARKETING ENVIRONMENTAL SERVICES COMPANY

**Current Principal Place of Business:**

4101 WINFIELD ROAD  
WARRENVILLE, IL 60555 US

**New Principal Place of Business:**

501 WESTLAKE PARK BLVD  
HOUSTON, TX 77079 US

**Current Mailing Address:**

4101 WINFIELD ROAD  
WARRENVILLE, IL 60555 US

**New Mailing Address:**

501 WESTLAKE PARK BLVD  
HOUSTON, TX 77079 US

FEI Number: 82-0388402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SAWADA, S R  
Address: 501 WESTLAKE PARK BLVD  
City-St-Zip: HOUSTON, TX 77079

Title: VP  
Name: DIETZ, J A  
Address: 501 WESTLAKE PARK BLVD  
City-St-Zip: HOUSTON, TX 77079

Title: S  
Name: PENNINGTON, BRENDA  
Address: 501 WESTLAKE PARK BLVD  
City-St-Zip: HOUSTON, TX 77079

Title: T  
Name: MROZ, M C  
Address: 501 WESTLAKE PARK BLVD  
City-St-Zip: HOSUTON, TX 77079

Title: TO  
Name: MANGAN, W T  
Address: 501 WESTLAKE PARK BLVD  
City-St-Zip: HOUSTON, TX 77079

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: W.T. MANGAN

TO

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date