

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90103 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18465
 1. Corporation Name
OCCIDENTAL ENERGY MARKETING, INC.



Principal Place of Business 2000 POST OAK BLVD. HOUSTON TX 7706-4409 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 03/17/1988	4. FEI Number 94-3051926	Applied For <input type="checkbox"/> No Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84
 85 Zip Code

CERTIFIED MAIL # 039444
DATE MAILED APR 20 1999

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	AS	
NAME	PARISE, STEPHEN P.	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	YEN, DAVID C	
STREET ADDRESS	10889 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MICHAEL P	
STREET ADDRESS	1200 DISCOVERY DR	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PETERSON, LINDA A	
STREET ADDRESS	10889 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSS, DAVID G	
STREET ADDRESS	110 WEST 7TH STREET	
CITY-ST-ZIP	TULSA OK	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, S A (PETE)	
STREET ADDRESS	1200 DISCOVERY DR	
CITY-ST-ZIP	BAKERSFIELD CA 93309	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	J. R. HAVERT		
2.3 STREET ADDRESS	10889 WILSHIRE BLVD		
2.4 CITY-ST-ZIP	LOS ANGELES CA 90024		
3.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	HASHAM MUKADAM		
3.3 STREET ADDRESS	10889 WILSHIRE BLVD		
3.4 CITY-ST-ZIP	LOS ANGELES CA 90024		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	JOHN W. ALDEN		
6.3 STREET ADDRESS	10889 WILSHIRE BLVD		
6.4 CITY-ST-ZIP	LOS ANGELES CA 90024		

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, with all other like empowered.

SIGNATURE: _____ DAVID G. ROSS 4-19-99 (918) 561-3497
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)