

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90296 043 \*\*\*150.00

**DOCUMENT # P18465**

1. Entity Name

**OCCIDENTAL ENERGY MARKETING, INC.**

Principal Place of Business

Mailing Address

2000 POST OAK BLVD.  
 HOUSTON TX 77506-4409  
 US

P. O. BOX 300  
 TULSA OK 74102  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3051926**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC**  
**1201 HAYS STREET**  
**STE - 105**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **AS**  
**PARISE, STEPHEN P.**  
 STREET ADDRESS **10889 WILSHIRE BLVD.**  
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AT**  
**HAVERT, J. R.**  
 STREET ADDRESS **10889 WILSHIRE BLVD**  
 CITY-ST-ZIP **LOS ANGELES CA 90024**

TITLE  Change  Addition  
 NAME **VT**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P**  
**MUKADAM, HASHAM**  
 STREET ADDRESS **10889 WILSHIRE BLVD**  
 CITY-ST-ZIP **LOS ANGELES CA 90024**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VS**  
**PETERSON, LINDA A**  
 STREET ADDRESS **10889 WILSHIRE BLVD**  
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AS**  
**ROSS, DAVID G**  
 STREET ADDRESS **110 WEST 7TH STREET**  
 CITY-ST-ZIP **TULSA OK**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**ALDEN, JOHN W**  
 STREET ADDRESS **10889 WILSHIRE BLVD**  
 CITY-ST-ZIP **LOS ANGELES CA 90024**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.01 (b) of the Florida Statutes. I am, or 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 that of the officer, partner, manager 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**CERTIFIED MAIL # 038642**  
**DATE MAILED APR 11 2001**

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Ross

04/04/01

Date

(918) 561-3497

Daytime Phone #

CR2E034 (10/00)