

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90191 024 \*\*\*150.00

FROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P27777**

1. Corporation Name  
**OXY SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**10889 WILSHIRE BLVD.** **P.O. BOX 300**  
**LOS ANGELES CA 90024** **TULSA OK 74102**  
**US** **US**

3. Date Incorporated or Qualified  
**01/19/1990**

4. FEI Number **95-2908249** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00** May Be  
 Added to Fees

8. This corporation owes the current year Intangible  
 Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST**  
**TALLAHASSEE FL 32301**

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

**CERTIFIED MAIL # 039133**  
**DATE MAILED APR 20 1999**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has filed 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: \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | DVPC                 | <input type="checkbox"/> DELETE            |
| NAME           | DOMINICK, S. P JR.   |  |
| STREET ADDRESS | 10889 WILSHIRE BLVD  |  |
| CITY-ST-ZIP    | LOS ANGELES CA       |  |
| TITLE          | CDP                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | LEACH, A. R.         |  |
| STREET ADDRESS | 10889 WILSHIRE BLVD. |  |
| CITY-ST-ZIP    | LOS ANGELES CA       |  |
| TITLE          | AS                   | <input type="checkbox"/> DELETE            |
| NAME           | PARISE, S P          |  |
| STREET ADDRESS | 10889 WILSHIRE BLVD  |  |
| CITY-ST-ZIP    | LOS ANGELES CA       |  |
| TITLE          | DVPT                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | YEN, DAVID C         |  |
| STREET ADDRESS | 10889 WILSHIRE BLVD  |  |
| CITY-ST-ZIP    | LOS ANGELES CA 90024 |  |
| TITLE          | AS                   | <input type="checkbox"/> DELETE            |
| NAME           | GAY, M. T.           |  |
| 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 ST      |  |
| CITY-ST-ZIP    | TULSA OK             |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                      |  |
| 1.3 STREET ADDRESS |                      |  |
| 1.4 CITY-ST-ZIP    |                      |  |
| 2.1 TITLE          | D/P                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | JOHN W. MORGAN       |  |
| 2.3 STREET ADDRESS | 10889 WILSHIRE BLVD  |  |
| 2.4 CITY-ST-ZIP    | LOS ANGELES CA 90024 |  |
| 3.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                      |  |
| 3.3 STREET ADDRESS |                      |  |
| 3.4 CITY-ST-ZIP    |                      |  |
| 4.1 TITLE          | AT                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | J. R. HAVERT         |  |
| 4.3 STREET ADDRESS | 10889 WILSHIRE BLVD  |  |
| 4.4 CITY-ST-ZIP    | LOS ANGELES CA 90024 |  |
| 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          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                      |  |
| 6.3 STREET ADDRESS |                      |  |
| 6.4 CITY-ST-ZIP    |                      |  |

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 DAVID G. ROSS 4-19-99 (918/561-3497)

CR2E034 (11/98)