

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90057 014 ***150.00

DOCUMENT # P27777

1. Entity Name

OXY SERVICES, INC.

Principal Place of Business

10889 WILSHIRE BLVD.
 LOS ANGELES CA 90024
 US

Mailing Address

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 **95-2908249**

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 ST
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	D	<input type="checkbox"/> Delete
NAME	DOMINICK, S. P JR.	
STREET ADDRESS	10889 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MORGAN, JOHN W	
STREET ADDRESS	10889 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PARISE, S P	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HAVERT, J R	
STREET ADDRESS	10889 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JACKSON, DONALD G	
STREET ADDRESS	110 WEST 7TH ST	
CITY-ST-ZIP	TULSA OK 74102	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSS, DAVID G	
STREET ADDRESS	110 WEST 7TH ST	
CITY-ST-ZIP	TULSA OK	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CERTIFIED MAIL # 038651
DATE MAILED APR 16 2001

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Ross

04/04/01

(918)561-3497

Date

Daytime Phone #

CR2E034 (10/00)