

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F98000005598**

1. Entity Name

**OCCIDENTAL PETROCHEM PARTNER GP, INC.**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90042 009 \*\*\*150.00

Principal Place of Business

Mailing Address

**5005 LBJ FREEWAY  
 DALLAS TX 75244**

**P.O. BOX 300  
 ATTN: STATE TAX  
 TULSA OK 74102-0300  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**95-4695328**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
 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 filing, proposing to change its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent or officer or director

(NOTE: Registered Agent signature required when reinstating)

DATE

**CERTIFIED MAIL # 838086**  
**DATE MAILED MAR 22 2000**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRL, J. ROGER	NAME	
STREET ADDRESS	5005 LBJ FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	CITY-ST-ZIP	
TITLE	DVCF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRAINE, RICHARD A	NAME	
STREET ADDRESS	5005 LBJ FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOLE, KEITH C	NAME	
STREET ADDRESS	5005 LBJ FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIENERT, JAMES M	NAME	
STREET ADDRESS	5005 LBJ FREEWAY	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DAVID G	NAME	
STREET ADDRESS	110 WEST 7TH ST	STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74119	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERT, J. R.	NAME	
STREET ADDRESS	10889 WILSHIRE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90024	CITY-ST-ZIP	

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: *David G. Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Ross

3/14/00

Date

(918) 561-3497

Daytime Phone #