

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214507748

1.) CORPORATION NAME:

The Crude Oil Quality Association

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES D FIFE
5531 LEE HWY STE 201
ARLINGTON, VA**

SCC ID NO: **07052277**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8320 Tawa Creek Drive

CITY/ST/ZIP: Findlay, OH 45840

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	AARON DILLARD				
TITLE:	TREASURER				
ADDRESS:	PO BOX 2197				
CITY/ST/ZIP/CO:	HOUSTON, TX 77252				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DENNIS L SUTTON				
TITLE:	PRESIDENT				
ADDRESS:	8320 Tawa Creek Dr.				
CITY/ST/ZIP/CO:	FINDLAY, OH 45840				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RON FISHER				
TITLE:	DIRECTOR				
ADDRESS:	28301 Ferry Rd				
CITY/ST/ZIP/CO:	Warrenville, IL 60555				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BILL LYWOOD				
TITLE:	DIRECTOR				
ADDRESS:	#201 17850-105 AVENUE				
CITY/ST/ZIP/CO:	Edmonton, AB T5S 2H5, CA				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ANNE SHAFIZADEH				
TITLE:	DIRECTOR				
ADDRESS:	PO Box 431				
CITY/ST/ZIP/CO:	ALAMO, CA 94507				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JEFF THOMPSON				
TITLE:	DIRECTOR				
ADDRESS:	808 EAST NEW STREET				
CITY/ST/ZIP/CO:	COFFEYVILLE, KS 67337				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN WEINZAPFEL DIRECTOR 333 CLAY STREET STE 1600 HOUSTON, TX 77002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Maria Moran DIRECTOR 1 Fluor Daniel Dr. Bldg. A, Level 3 Sugar Land, TX 77433	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Corina Sandu SECRETARY 12645 W. Airport Blvd. Sugar Land, TX 77478	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Harry N. Giles Chair Emeritus 2324 N. Dickerson St. Arlington, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Harry N. Giles SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Harry N. Giles, Chair Emeritus PRINTED NAME AND CORPORATE TITLE	2/8/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			