

1.) CORPORATION NAME:

DUE DATE: **1/31/2013**

**OXY USA INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0423246**

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREFER	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5 GREENWAY PLAZA

CITY/ST/ZIP: HOUSTON, TX 77046

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.

<p>NAME: WILLIAM E ALBRECHT TITLE: PRESIDENT ADDRESS: 5 GREENWAY PLAZA CITY/ST/ZIP/CO: HOUSTON, TX 77046</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL G. ANDERSON TITLE: VP/ASST MGMNT ADDRESS: 5005 LBJ FREEWAY CITY/ST/ZIP/CO: DALLAS, TX 75244</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SHAYNE BUCHANAN TITLE: VICE PRESIDENT ADDRESS: 110 WEST 7TH STREET CITY/ST/ZIP/CO: TULSA, OK 74119</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT J WILLIAMS TITLE: VP/TREAS ADDRESS: 10889 WILSHIRE BLVD. CITY/ST/ZIP/CO: LOS ANGELES, CA 90024</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID G ROSS TITLE: ASST SECRETARY ADDRESS: 110 WEST 7TH ST CITY/ST/ZIP/CO: TULSA, OK 74119</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL P. MILLER TITLE: ASST TREASURER ADDRESS: 10889 WILSHIRE BOULEVARD CITY/ST/ZIP/CO: LOS ANGELES, CA 90024</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E. ALBRECHT DIRECTOR 5 GREENWAY PLAZA HOUSTON, TX 77046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY PINECI DIRECTOR 10889 WILSHIRE BOULEVARD LOS ANGELES, CA 90024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL L. PRESTON DIRECTOR 10889 WILSHIRE BOULEVARD LOS ANGELES, CA 90024	<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/ DAVID G ROSS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID G ROSS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/11/2013 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.			