



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

18-B44298

FILED

In the office of the Secretary of State
of the State of California

APR 24, 2018

This Space For Office Use Only

IMPORTANT — Read instructions before completing this form.

Filing Fee – \$20.00

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)
TRICOR REFINING, LLC

2. 12-Digit Secretary of State File Number 200115810016	3. State, Foreign Country or Place of Organization (only if formed outside of California) CALIFORNIA
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4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 190 Newport Center Drive, Suite 100	City (no abbreviations) Newport Beach	State CA	Zip Code 92660
b. Mailing Address of LLC, if different than item 4a 190 Newport Center Drive, Suite 100	City (no abbreviations) Newport Beach	State CA	Zip Code 92660
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 190 Newport Center Drive, Suite 100	City (no abbreviations) Newport Beach	State CA	Zip Code 92660

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b Majid	Middle Name	Last Name Mojibi	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1134 Manor Street	City (no abbreviations) Bakersfield	State CA	Zip Code 93308

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Frederick	Middle Name B.	Last Name Sainick	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 190 Newport Center Dr, Suite 200	City (no abbreviations) Newport Beach	State CA	Zip Code 92660

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Oil Refining

8. Chief Executive Officer, if elected or appointed

a. First Name Majid	Middle Name	Last Name Mojibi	Suffix
b. Address 1134 Manor Street	City (no abbreviations) Bakersfield	State CA	Zip Code 93308

9. The Information contained herein, including any attachments, is true and correct.

04/24/2018

Frederick B. Sainick

Attorney

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []

Company:

Address:

City/State/Zip: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

18-B44298

A. Limited Liability Company Name

TRICOR REFINING, LLC

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B. 12-Digit Secretary of State File Number

200115810016

C. State or Place of Organization (only if formed outside of California)

CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Kenneth	Middle Name E.	Last Name Fait	Suffix
Entity Name			
Address 190 Newport Center Drive, Suite 100	City (no abbreviations) Newport Beach	State CA	Zip Code 92660
First Name John	Middle Name	Last Name Burtchaell	Suffix
Entity Name			
Address 190 Newport Center Drive, Suite 100	City (no abbreviations) Newport Beach	State CA	Zip Code 92660
First Name L.	Middle Name Jay	Last Name Phelps	Suffix
Entity Name			
Address 1134 Manor Street	City (no abbreviations) Bakersfield	State CA	Zip Code 93308
First Name William	Middle Name W.	Last Name Lampton	Suffix
Entity Name			
Address 2829 Lakeland Drive	City (no abbreviations) Jackson	State MS	Zip Code 39215
First Name J.	Middle Name Baxter	Last Name Burns	Suffix II
Entity Name			
Address 2829 Lakeland Drive	City (no abbreviations) Jackson	State MS	Zip Code 39215
First Name Donald	Middle Name	Last Name Brooks	Suffix
Entity Name			
Address 2829 Lakeland Drive	City (no abbreviations) Jackson	State MS	Zip Code 39215
First Name Leslie	Middle Name	Last Name Lampton	Suffix III
Entity Name			
Address 2829 Lakeland Drive	City (no abbreviations) Jackson	State MS	Zip Code 39215