2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09520

Entity Name: CHEVRON STATIONS INC.

FILED Feb 09, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
6001 BOLLINGER CANYON RD SAN RAMON, CA 94583 US					
Current Mailing Address:			New Maili	New Mailing Address:	
6001 BOLLINGER CANYON RD BLDG V/2309D SAN RAMON, CA 94583 US					
FEI Number: 84-0618607 FEI Number Applied		FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES ST STE 105 TALLAHASSEE, FL 32301 US					
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:					
Electronic Signature of Registered Agent Date					
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I SPARKS, ADAM 6001 BOLLINGE SAN RAMON, CA	R CANYON RD	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition SPARKS, ADAM M 145 S. STATE COLLEGE BREA, CA 92821 US	
Title: Name: Address: City-St-Zip:	AS () I JONES, J. H JR. 6001 BOLLINGE SAN RAMON, CA		Title: Name: Address: City-St-Zip:	AT (X) Change () Addition PETH, STEVEN 6001 BOLLINGER CANYON RD SAN RAMON, CA 94583 US	
Title: Name: Address: City-St-Zip:	V ()[COOK, GARY A 6001 BOLLINGE SAN RAMON, CA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SV ()[OLIVER, LARRY 6001 BOLLINGE SAN RAMON, CA	R CANYON RD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T ()[LAWRENCE, JAI 6001 BOLLINGE SAN RAMON, CA	R CANYON RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () I BRECHTEL, W J 6001 BOLLINGE SAN RAMON, CA	R CANYON RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. J. BRECHTEL AS 02/09/2006