

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90446 030 ***150.00

003712 AV

DOCUMENT # 203759

1. Entity Name
CHARTER OF COMPANY

Principal Place of Business
4655 SALISBURY ROAD
SUITE 399
JACKSONVILLE FL 32256

Mailing Address
4655 SALISBURY ROAD
SUITE 399
JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8833 Perimeter Park Blvd.		3. Mailing Address 8833 Perimeter Park Blvd.	
Suite, Apt. #, etc. Suite 402		Suite, Apt. #, etc. Suite 402	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32216	Country	Zip 32216	Country

4. FEI Number 59-0824771	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROSS, JOHN E 4655 SALISBURY ROAD, STE. 399 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEV/D/CFO Richard J. Bressler 1515 Broadway New York, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRISKMAN, LOUIS J 51 WEST 52ND STREET NEW YORK NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Ross, John E. 8833 Perimeter Park Blvd., Ste. 402 Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD REYNOLDS, FREDRIC G 1515 BROADWAY NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ROSKIN, WILLIAM A 1515 BROADWAY NEW YORK NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DAVIS, JAMES F 11 STANWIX STREET PITTSBURGH PA 15222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **John E. Ross, V.P.** **4/3/02** **904-281-4488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment to
2002 Uniform Business Report
for
Charter Oil Company
Document #203759

B0064221

11. Officers and Directors	
Title	V/AS <input type="checkbox"/> Delete
Name	Michelena Hallie
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V/AS <input type="checkbox"/> Delete
Name	Mark C. Morril
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V <input type="checkbox"/> Delete
Name	Jack Carpenter
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V <input type="checkbox"/> Delete
Name	Robert G. Freedline
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V <input type="checkbox"/> Delete
Name	Susan C. Gordon
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V <input type="checkbox"/> Delete
Name	Victor S. Rappa
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	AS <input type="checkbox"/> Delete
Name	Laura Franco
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	AS <input checked="" type="checkbox"/> Delete
Name	Donna A. Hoffman
Street Address	4655 Salisbury Rd., Ste. 399
City, State, Zip	Jacksonville, FL 32256
Title	AS <input type="checkbox"/> Delete
Name	Katherine B. Rosenberg
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	AS <input checked="" type="checkbox"/> Delete
Name	Ilene W. Stack
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036