

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90222 030 ***150.00

DOCUMENT # 203759

1. Entity Name
CHARTER OIL COMPANY



Principal Place of Business
**8833 PERIMETER PARK BLVD.
STE 402
JACKSONVILLE FL 32216**

Mailing Address
**8833 PERIMETER PARK BLVD.
STE 402
JACKSONVILLE FL 32216**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0824771**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VS** ☐ Delete
NAME **ROSS, JOHN E**
STREET ADDRESS **8833 PERIMETER PARK BLVD., STE 402**
CITY-ST-ZIP **JACKSONVILLE FL 33216**

TITLE ☒ Change ☐ Addition
NAME **Ross, John E**
STREET ADDRESS
CITY-ST-ZIP **32216**

TITLE **SDCF** ☐ Delete
NAME **BRESSLER, RICHARD J**
STREET ADDRESS **1515 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE ☒ Change ☐ Addition
NAME **Senior Executive V & CFO**
STREET ADDRESS **Bressler, Richard J**
CITY-ST-ZIP

TITLE **EVD** ☐ Delete
NAME **FRICKLAS, MICHAEL D**
STREET ADDRESS **1515 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE ☒ Change ☐ Addition
NAME **P/D**
STREET ADDRESS **Fricklas, Michael D**
CITY-ST-ZIP

TITLE **SV** ☐ Delete
NAME **ROSKIN, WILLIAM A**
STREET ADDRESS **1515 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** ☐ Delete
NAME **DAVIS, JAMES F**
STREET ADDRESS **11 STANWIX STREET**
CITY-ST-ZIP **PITTSBURGH PA 15222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
JOHN E. ROSS, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

904-281-4488

Daytime Phone #

CR2F034 (10/02)

Attachment to
2003 Uniform Business Report
for
Charter Oil Company
Document #203759

30038521

11. Officers and Directors	
Title	V/AS <input type="checkbox"/>
Name	Michelena Hallie
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V/AS <input type="checkbox"/>
Name	Mark C. Morril
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V <input type="checkbox"/>
Name	Jack Carpenter
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V/T/D <input checked="" type="checkbox"/> Change
Name	Robert G. Freedline
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V/D <input checked="" type="checkbox"/> Change
Name	Susan C. Gordon
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V <input type="checkbox"/>
Name	Victor S. Rappa
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	AS <input type="checkbox"/>
Name	Laura Franco
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	AS <input type="checkbox"/>
Name	Katherine B. Rosenberg
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036