2007 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

May 01, 2007 08:00 AM Secretary of State **DOCUMENT # 431928** 1. Enlity Namo BAY TERMINAL, INC. Principal Place of Business Mailing Address RIVER ROAD TAX DEPARTMENT 213 SECOND AVENUE WARREN PA 16365 P.O. BOX 80 CORDOVA AL 35550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato Applied For 4. FEI Number 59-1546643 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City 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, typed or printed name of registered agent and life r applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Ш Defete TIDE Change ☐ Addition CATSIMATIDIS.JOHN A. NAME U00000753718 817 FIFTH AVE. 14TH FLR. STREET ADDRESS SIBLCT ADDRESS 05/22/07-80032-006 150.00 NEW YORK NY CITY-ST-ZIP CHY-S1-7P 11111 ☐ Dolele 100 ☐ Change Addition TURFITT, MYRON L NAME NAMI 40 ELMWOOD DRIVE STREET ADDRESS STREET ADDRESS WARREN PA 16365 CITY-ST-ZIP CITY-SI-ZIP ППЕ Dalate 🗀 mor - Change Addition BEE, DENNIS E NAME NAME 250 MAIN STREET STREET ADDRESS STREET ADDRESS CITY - ST - ZIP **TIDIOUTE PA** CHY-SI-ZIP Delete HILE ☐ Change ■ Addition WAGNER, J R NAME 15 BRADLEY ST STREET ADDRESS STREET ADDRESS WARREN PA 16365 CITY-ST-ZIP CITY - ST - ZIP mu. ☐ Delete HILE ☐ Change Addition NAMI NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP HHE ☐ Defete IIILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, that I am an efficer 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 allocament with an address, with all other like empowered.

Appli Jeneta 1

SIGNATURE:

Dennis E. Bec Jr.

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4/23/07

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