## 2008 FÖR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # 431928

1. Entity Name

BAY TERMINAL, INC.



Principal Place of Business

RIVER ROAD P.O. BOX 80

CORDOVA, AL 35550

Mailing Address

TAX DEPARTMENT 213 SECOND AVENUE WARREN, PA 16365

## FILED May 08, 2008 08:00 AN Secretary of State



04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1546643

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

(\*6.3)

Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

. 5				IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registe	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURESignature, typed or printed name of registered agent and little if applicable (NOTE: Registered				e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution,  Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CATSIMATIDIS,JOHN A. 817 FIFTH AVE. 14TH FLR. NEW YORK, NY			•	U00000949730 06/03/08-80040-011 150.00	
TITLE NAME Street address City-St-Zip	VP TURFITT, MYRON L 40 ELMWOOD DRIVE WARREN, PA 16365					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T BEE, DENNIS E 250 MAIN STREET TIDIOUTE, PA			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAGNER, J R 15 BRADLEY ST WARREN, PA 16365		, , , , , , , , , , , , , , , , , , ,	ÍN.	THIS SPACE	
TITLE NAME STREET ADDRESS						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mens

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Denil E. Box

5/1 (A

814-726-4698

Daytime Phone #