

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 820144
1. Corporation Name

BILLUPS EASTERN PETROLEUM COMPANY

Principal Place of Business P O BOX 511 1 HESS PLAZA WOODBIDGE NEW JERSEY 07095	Mailing Address P O BOX 511 1 HESS PLAZA WOODBIDGE NEW JERSEY 07095
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/03/1967 4. FEI Number 22-1822366 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
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9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
OFFICERS AND DIRECTORS _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP

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14. I hereby certify that the information appears with the filing does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information 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 and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE  D.E. FRIEDMAN/DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/98
Date

(732) 750-6000
Telephone #

CR2E034 (10/97)