

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90107 009 ***150.00

DOCUMENT # 826713 1. Entity Name SUNOCO, INC. (R&M)			
Principal Place of Business 1818 MARKET STREET, STE 1500 ATTN: ACCOUNTS PAYABLE PHILADELPHIA, PA 19103-3687		Mailing Address 1818 MARKET STREET, STE 1500 ATTN: ACCOUNTS PAYABLE PHILADELPHIA, PA 19103-3687	
2. Principal Place of Business 1735 MARKET STREET Suite, Apt. #, etc. Suite LL City & State Philadelphia, PA Zip 19103		3. Mailing Address 1735 MARKET STREET Suite, Apt. #, etc. Suite LL City & State Philadelphia, PA Zip 19103	
Country USA		Country USA	
4. FEI Number 23-1743283		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP DROSDICK, JOHN G 1801 MARKET ST PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MANESS, JOEL H 1801 MARKET ST PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP OWENS, ROBERT W 1801 MARKET ST PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP VALUTAS, CHARLES K 1801 MARKET ST PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF HOFMANN, THOMAS W 1801 MARKET ST PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GERNER, ELRIC C 1801 MARKET STREET PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1735 MARKET ST., 28th Floor Philadelphia, PA 19103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1735 MARKET ST., 28th Floor Philadelphia, PA 19103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1735 MARKET ST., 28th Floor Philadelphia, PA 19103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1735 MARKET ST., 28th Floor Philadelphia, PA 19103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS m.L. Preston 1735 MARKET ST., 27th Floor Philadelphia, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby 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 person 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 an other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/22/06 Daytime Phone # _____	