

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **829078** (5)

1. Corporation Name

CHEMICAL LEAMAN TANK LINES INC.



Principal Place of Business

Mailing Address

102 PICKERING WAY
EXTON PA 19341-7200

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EXTON PA 19341-7200

3. Date Incorporated or Qualified 11/29/1972	3a. Date of Last Report 04/26/1995
4. FEI Number 23-1316982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COPELAND, DENNIS R.	
STREET ADDRESS	1331 SKYLINE DRIVE	
CITY-ST-ZIP	COATSVILLE PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHUBERT, THOMAS D.	
STREET ADDRESS	204 AFTON WAY	
CITY-ST-ZIP	WEST CHESTER PA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KILCULLEN, JOHN J.	
STREET ADDRESS	1193 ST. ANDREWS	
CITY-ST-ZIP	WEST CHESTER PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VP + Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	SCHUBERT, THOMAS D.		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	President + Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Philip J Ringo		
3.3 STREET ADDRESS	410 Mulberry Lane		
3.4 CITY-ST-ZIP	Haverford, PA 19041		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas D Schubert* THOMAS D. SCHUBERT *4/26/95* (610) 363 4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)