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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # 829078 1. Corporation Name

CHEMICAL LEAMAN TANK LINES INC.

FILED Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90008 038 ***550.00



Principal Place of Business	Mailing Address					
102 PICKERING WAY EXTON PA 19341-7200	102 PICKERING WAY EXTON PA 19341-7200		DO NOT WRITE IN THIS S	SPACE		
			Date Incorporated or Qualifed 11/29/1972			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 3802 Corporex Dr.	26 3802 (orpor	ex Dr.	23-1316982	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		-6. Election Campaign Financing	\$5.00-May Be		
23 Tampa, FC	28 Tampa, FC		Trust Fund Contribution	Added to Fees		
Zip Country 24 33619 25 U.S.A.	Zip Coi	U.S.A.	This corporation owes the current year Inta Personal Property Tax.	ngible □ Yes □ No		
9. Name and Address of Currer	nt Registered Agent	10. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM		81 Name				
1200 S. PINE ISLAND ROAD		82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324		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	Signature, typed or printed name of registered agent and title if a	englicable (NOTE:	Registered Agent signature n	equired when reinstating) DA	TE -	_
12.	OFFICERS AND DIREC	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
TITLE	T	DELETE	1.1 TITLE	T.	Change	Addition
NAME	SCHUBERT, THOMAS D.		1.2 NAME	Richard J. Brandewie		
STREET ADDRESS	AAA AFTONI WAN		1.3 STREET ADDRESS	3802 Lorporex Dr.		
CITY-ST-ZIP	WEST CHESTER PA 19380		1.4 CITY-\$T-ZIP	Tampa FL 33619		
TITLE	PD	DELETE	2.1 TITLE	ρ	Change	Addition
NAME	RINGO, PHILIP J.		2.2 NAME	Jack Elrod		
STREET ADDRESS	410 MULBERRY LANE		2.3 STREET ADDRESS	3802 Corpores Dr.		
CITY-ST-ZIP	HAVERFORD PA		2.4 CITY-ST-ZIP	Jampa, FL 32619		
TITLE	\$	DELETE	3.1 TITLE	\$.	☐ Change	Addition
NAME	COPELAND, DENNIS		3.2 NAME	Robert R. Kasak		
STREET ADDRESS	1331 SKYLINE DR		3.3 STREET ADDRESS	3802 largores Or.		
CITY-ST-ZIP	COATESVILLE PA 19320		3.4. CITY-ST-ZIP	Tampa FC		
TITLE	D	⊠ DELETE	4.1 TITLE	Ď.	☐ Change	Addition
NAME	PARKERSON, EUGENE C		4, 2 NAME	Marvin E. Sexton		
STREET ADDRESS	195 WHISPERING PINE DR		4.3 STREET ADDRESS	3809 Corporex Dr.		
CITY-ST-ZIP	WESTCHESTER PA 19382		4.4 CITY-ST-ZIP	Tampa PL 33619		
TITLE	D	DELETE	5.1 TITLE	UD ,	Change	Addition Addition
NAME	BOUCHER, DAVID M		5.2 NAME	Charles J. O'Brien, Jr.		
STREET ADDRESS	220 MINE RD		5.3 STREET ADDRESS	3802 (orperex or		
CITY-ST-ZIP	MALVERN PA		5.4 CITY-ST-ZIP	Tampa, FL 33619.		
TITLE	V	DELETE	6.1 TITLE	-	Change	Addition
NAME	SLOTT, PAUL J		6.2 NAME			
STREET ADDRESS	919 CHESTERFIELD		6.3 STREET ADDRESS			
	AMPLED DA 10000		64 CITY ST. 7ID			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 indicate 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 air address, with all other like empowered.

SIGNATURE: