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

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 APR 27 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **833570** **(5)**

1. Corporation Name
**NATIONAL PROPANE CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 2067<br>1101 SECOND AVENUE SE<br>CEDAR SPRINGS IO 52406-2067 | P.O. BOX 2067<br>1101 SECOND AVENUE SE<br>CEDAR SPRINGS IO 52406-2067 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 01/02/1975 | 3a. Date of Last Report: 06/29/1994 |
| 4. FEI Number: 11-1723340 | ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.: 22 | Suite, Apt. #, etc.: 27 |
| City & State: 23 Cedar Rapids, IA | City & State: 28 Cedar Rapids, IA |
| Zip: 24 52406-2067 Country: 25 | Zip: 29 52406-2067 Country: 30 |

**9. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH 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 _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PCEO | 11 TITLE | | ☒ Change ☐ Addition |
| NAME | PALIUGHI, RONALD D. | 12 NAME | | |
| STREET ADDRESS | 1101 SECOND AVENUE SE | 13 STREET ADDRESS | | |
| CITY ST ZIP | CEDAR RAPIDS IO 33324 | 14 CITY ST ZIP | CEDAR RAPIDS, IA 52406-2067 | |
| TITLE | S | 21 TITLE | S | ☒ Change ☒ Addition |
| NAME | GIMSON, CURTIS S. | 22 NAME | ROSEN, STUART I. | |
| STREET ADDRESS | 777 SOUTH FLAGLER DR. SUITE 1000E | 23 STREET ADDRESS | 900 THIRD AVENUE, 31ST FLOOR | |
| CITY ST ZIP | WEST PALM BEACH FL 33401 | 24 CITY ST ZIP | NEW YORK, NEW YORK 10022 | |
| TITLE | VP | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | MCCARRON, FRANCIS T. | 32 NAME | | |
| STREET ADDRESS | 900 THIRD AVENUE, 31ST FLOOR | 33 STREET ADDRESS | | |
| CITY ST ZIP | NEW YORK NY 10022 | 34 CITY ST ZIP | | |
| TITLE | D | 41 TITLE | V | ☒ Change ☒ Addition |
| NAME | PELTZ, NELSON | 42 NAME | CROWE, ROBERT J. | |
| STREET ADDRESS | 900 THIRD AVENUE, 31ST FLOOR | 43 STREET ADDRESS | 900 THIRD AVENUE, 31 ST FLOOR | |
| CITY ST ZIP | NEW YORK NY 10022 | 44 CITY ST ZIP | NEW YORK, NEW YORK 10022 | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | MAY, PETER W. | 52 NAME | | |
| STREET ADDRESS | 900 THIRD AVENUE, 31ST FLOOR | 53 STREET ADDRESS | | |
| CITY ST ZIP | NEW YORK NY 10022 | 54 CITY ST ZIP | | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | KALVARIA, LEON | 62 NAME | | |
| STREET ADDRESS | 900 THIRD AVENUE, 31ST FLOOR | 63 STREET ADDRESS | | |
| CITY ST ZIP | NEW YORK NY 10022 | 64 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)(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 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:** Robert J. Crowe Robert J. Crowe, Assistant Vice President-Taxes 4/20/95 212-230-3115
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

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