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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
NATIONAL PROPANE CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 2067 1101 SECOND AVENUE SE CEDAR RAPIDS IA 52406-2067 US	P.O. BOX 2067 1101 SECOND AVENUE SE CEDAR RAPIDS IA 52406-2067 US

3. Date Incorporated or Qualified: 01/02/1975
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 200 First Street SE
Suite, Apt. #, etc.
22 Suite 1700
City & State
23 Cedar Rapids, IA
Zip 24 52401 Country 25 USA

2a. Mailing Address
26 200 First Street SE
Suite, Apt. #, etc.
27 Suite 1700
City & State
28 Cedar Rapids, IA
Zip 29 52401 Country 30 USA

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE	PCEO	☒ Change ☐ Addition
NAME	PALIUGHI, RONALD D.		1.2 NAME	Ronald D. Paliughi	
STREET ADDRESS	1101 SECOND AVENUE SE		1.3 STREET ADDRESS	200 First Street SE, Suite 1700	
CITY-ST-ZIP	CEDAR RAPIDS IA 52406-2067		1.4 CITY-ST-ZIP	Cedar Rapids, IA 52401	
TITLE	S	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	ROSEN, STUART I.		2.2 NAME	Stuart I. Rosen	
STREET ADDRESS	900 THIRD AVENUE, 31ST FLOOR		2.3 STREET ADDRESS	280 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10022		2.4 CITY-ST-ZIP	New York, NY 10017	
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	MCCARRON, FRANCIS T.		3.2 NAME	Francis T. McCarron	
STREET ADDRESS	900 THIRD AVENUE, 31ST FLOOR		3.3 STREET ADDRESS	280 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10022		3.4 CITY-ST-ZIP	New York, NY 10017	
TITLE	V	☒ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	CROWE, ROBERT J.		4.2 NAME	C. David Watson	
STREET ADDRESS	900 THIRD AVENUE, 31ST FLOOR		4.3 STREET ADDRESS	200 First Street SE, Suite 1700	
CITY-ST-ZIP	NEW YORK NY 10022		4.4 CITY-ST-ZIP	Cedar Rapids, IA 52401	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MAY, PETER W.		5.2 NAME	Peter W. May	
STREET ADDRESS	900 THIRD AVENUE, 31ST FLOOR		5.3 STREET ADDRESS	280 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10022		5.4 CITY-ST-ZIP	New York, NY 10017	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	PELTZ, NELSON		6.2 NAME	Nelson Peltz	
STREET ADDRESS	900 THIRD AVE 31ST FLOOR		6.3 STREET ADDRESS	280 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	New York, NY 10017	

CR2E034 (9/96)

14. I do 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 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: [signature] [illegible] REQUIRED 4/4/97 319/365-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0506771