

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 837315**

1. Corporation Name

**SUN PIPE LINE COMPANY**

Principal Place of Business

**1801 MARKET STREET  
PHILADELPHIA PA 19103-1699**

Mailing Address

**1801 MARKET STREET  
PHILADELPHIA PA 19103-1699**

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90018 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/03/1976**

4. FEI Number

**23-1139820**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRETZ, D. M	
STREET ADDRESS	1801 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103-1699	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHUP, MARILYN	
STREET ADDRESS	1801 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103-1699	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERNER, ELRIC C	
STREET ADDRESS	1801 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103-1699	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SATCHELL, E.R.	
STREET ADDRESS	1801 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103-1699	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GROTZINGER, C. D	
STREET ADDRESS	907 S DETROIT AVE	
CITY-ST-ZIP	TULSA OK 74120-1215	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TAYLOR, RICHARD G	
STREET ADDRESS	1801 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19103	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREASURER, Controller, Director
4.3 STREET ADDRESS	George S. Foster
4.4 CITY-ST-ZIP	1801 Market Street Philadelphia, PA 19103
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vice President and Director
5.3 STREET ADDRESS	David A. Justin
5.4 CITY-ST-ZIP	1801 Market Street Philadelphia, PA 19103
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 with all other like empowered.

SIGNATURE:

*SIGNATURE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99

215-977-6648

CR2E034 (1/98)