

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 12, 2006 8:00 am
Secretary of State

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07062006 Chg-P CR2E034 (11/05)

DOCUMENT #847077 1. Entity Name PENNECO OIL COMPANY, INC.			
Principal Place of Business 200 ROUTE 22 P. O. BOX 300 DELMONT, PA 15626-0300		Mailing Address 200 ROUTE 22 P. O. BOX 300 DELMONT, PA 15626-0300	
2. Principal Place of Business 6608 ROUTE 22		3. Mailing Address 6608 ROUTE 22	
Suite, Apt. #, etc. P.O. BOX 300		Suite, Apt. #, etc. P.O. BOX 300	
City & State DELMONT, PA		City & State DELMONT, PA	
Zip 15626-0300		Country UNITED STATES	
4. FEI Number 25-1372251		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD JACOBS, SEABORN 200 RT.22 P.O. BOX 300 N/A DELMONT, PA	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JACOBS, DARRYL M. 200 RT.22 P.O. BOX 300 N/A DELMONT, PA	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACOBS, TERRENCE S 200 RT.22 P.O. BOX 300 N/A DELMONT, PA	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JACOBS MARTHA R. 200 RT.22 P.O. BOX 300 N/A DELMONT, PA 156260300	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Matthew S. Jacobs</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
DATE: 7/6/06		734-468-8232	