

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 851074,

1. Entity Name
SUN OIL COMPANY



Principal Place of Business
**1801 MARKET STREET
PHILADELPHIA, PA 19103-1699**

Mailing Address
**1801 MARKET STREET
PHILADELPHIA, PA 19103-1699**



01312005 No Chg-P CR2E034 (1Q/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-1868237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS MCKEEVER, J.J. 1801 MARKET ST PHILADELPHIA, PA 191031699
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRITSCH, JUDITH A 1801 MARKET ST 17TH FLOOR PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILUCIDO, LORRIE 1801 MARKET ST., 17TH FLOOR PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULHOLLAND, PAUL A 1801 MARKET ST PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULE, ANN C 1801 MARKET ST PHILADELPHIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/05-80006-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Lorrie Dilucido Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-05
Date

215-977-6236
Daytime Phone #