2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851074

Entity Name: SUN OIL COMPANY

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1735 MARKET ST STE LL PHILADELPHIA, PA 19103				1735 MARKET ST 27TH FLOOR PHILADELPHIA, PA 19103		
Current Mailing Address:				New Mailing Address:		
1735 MARKET ST STE LL PHILADELPHIA, PA 19103			1735 MARKET ST 27TH FLOOR PHILADELPHIA, PA 19103			
FEI Number: 23-1868237 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						of New Registered Agent:
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US 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.						
SIGNATURE: Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		Delete T, 15TH FLOOR		Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	VPD () E HASELROTH, RC 1735 MARKET S PHILADELPHIA,	T., 27MFL.		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	S () E DILUCIDO, LORF 1735 MARKET S' PHILADELPHIA,	T, 28TH FLOOR		Title: Name: Address: City-St-Zip:		(X) Change()Addition , LORRIE KET ST, 27TH FLOOR PHIA, PA 19103
Title: Name: Address: City-St-Zip:	T () [MULHOLLAND, F 1735 MARKET S' PHILADELPHIA,	PAUL A T, 28TH FLOOR		Title: Name: Address: City-St-Zip:	COLAVITA 1735 MAR	(X) Change()Addition , MICHAEL KET ST, 28TH FLOOR PHIA, PA 19103
Title: Name: Address: City-St-Zip:	D () E MULE', ANN C 1735 MARKET S PHILADELPHIA,			Title: Name: Address: City-St-Zip:		() Change() Addition
Title: Name: Address: City-St-Zip:	PD () E PRESTON, M.L. 1735 MARKET S PHILADELPHIA,			Title: Name: Address: City-St-Zip:		() Change() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRIE DILUCIDO S 01/06/2009