

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004183

FILED
Apr 29, 2010
Secretary of State

Entity Name: AMERIGAS EAGLE HOLDINGS, INC.

Current Principal Place of Business:

460 N. GULPH ROAD
KING OF PRUSSIA, PA 19406

New Principal Place of Business:

Current Mailing Address:

460 N. GULPH ROAD
KING OF PRUSSIA, PA 19406

New Mailing Address:

FEI Number: 54-1936152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: DP
Name: BISSELL, EUGENE V. N.
Address: 460 N. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: DVP
Name: SHERIDAN, JERRY E
Address: 460 N. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: AS
Name: CALABRESE, MARGARET M
Address: 460 N. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VPSD
Name: KNAUSS, ROBERT H
Address: 460 N. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: T
Name: KRICK, ROBERT W
Address: 460 N. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: AT
Name: MAURIELLO, SAMUEL R
Address: 460 N. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL R MAURIELLO

AT

04/29/2010

Electronic Signature of Signing Officer or Director

_____ Date