

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004465

FILED  
May 06, 2008  
Secretary of State

Entity Name: PETRO-CANADA AMERICA LUBRICANTS INC.

**Current Principal Place of Business:**

150 - 6TH AVENUE S.W.  
CALGARY, ALBERTA, CA T2P3E3

**New Principal Place of Business:**

150 - 6TH AVENUE S.W.  
CALGARY, AB T2P 3E3 CA

**Current Mailing Address:**

150 - 6TH AVENUE S.W.  
CALGARY, ALBERTA, CA T2P3E3

**New Mailing Address:**

150 - 6TH AVENUE S.W.  
CALGARY, AB T2P 3E3 CA

FEI Number: 98-0169060

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 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KOENIG, RANDALL B  
Address: 2310 LAKESHORE DRIVE  
City-St-Zip: MISSISSAUGA, ONTARIO, CA L5J1K2

Title: VD ( ) Delete  
Name: MILLER, SCOTT R  
Address: 150 - 6TH AVENUE S.W.  
City-St-Zip: CALGARY, ALBERTA, CA T2P 3E3

Title: S ( ) Delete  
Name: HOOKER, HUGH L  
Address: 150 - 6TH AVENUE S.W.  
City-St-Zip: CALGARY, ALBERTA, CA T2P 3E3

Title: D ( ) Delete  
Name: JACKMAN, BORIS J  
Address: 2489 NORTH SHERIDAN WAY  
City-St-Zip: MISSISSAUGA, ON, CA L5K 1A8

Title: AS ( ) Delete  
Name: FRASER, GEORGE  
Address: 2489 NORTH SHERIDAN WAY  
City-St-Zip: MISSISSAUGA, ONTARIO, CA L5K 1A8

Title: CONT ( ) Delete  
Name: AGUILAR ISMAIL, MICHELLE  
Address: 2489 NORTH SHERIDAN WAY  
City-St-Zip: MISSISSAUGA, ONTARIO, CA L5K 1A8

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HUGH L. HOOKER

S

05/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date