

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90234 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000005678

1. Entity Name
JACKSON OIL PRODUCTS COMPANY



11016681

Principal Place of Business
980 BIERDERMAN ROAD
JACKSON, MS 39208

Mailing Address
15800 JOHN J DELANEY DRIVE #500
CHARLOTTE, NC 28277

2. Principal Place of Business

3. Mailing Address

P.O. Box 5568

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jackson MS

4. FEI Number

64-0321850

Applied For

Not Applicable

Zip

Country

Zip
39288-5568

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW WITH FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WELCHER, F. ANDREW
STREET ADDRESS 15800 JOHN J DELANEY DRIVE #500
CITY-ST-ZIP CHARLOTTE, NC 28277

TITLE TD ☒ Delete
NAME BAUM, WILLIAM A
STREET ADDRESS 15800 JOHN J DELANEY DRIVE #500
CITY-ST-ZIP CHARLOTTE, NC 28277

TITLE SD ☒ Delete
NAME LEVINE, LAWRENCE P
STREET ADDRESS 15800 JOHN J DELANEY DRIVE #500
CITY-ST-ZIP CHARLOTTE, NC 28277

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP & CFO ☐ Change ☒ Addition
NAME Robert Coffey
STREET ADDRESS 1064 Goff Falls Road
CITY-ST-ZIP Manchester NH 03103

TITLE Chairman & CEO ☒ Change ☐ Addition
NAME F. Andrew Welcher
STREET ADDRESS 1064 Goff Falls Road
CITY-ST-ZIP Manchester NH 03103

TITLE ☐ Change ☒ Addition
NAME William T. Brown
STREET ADDRESS 333 N. Washington Ave. Suite 321
CITY-ST-ZIP Minneapolis MN 55401

TITLE ☐ Change ☒ Addition
NAME Terence Russell
STREET ADDRESS 1064 Goff Falls Road
CITY-ST-ZIP Manchester NH 03103

TITLE ☐ Change ☒ Addition
NAME George Denny
STREET ADDRESS 500 Boylston St. 18th floor
CITY-ST-ZIP Boston, MA 02116-3740

TITLE ☐ Change ☒ Addition
NAME James S. Gladney
STREET ADDRESS 1265 Belmont Street, Suite Two
CITY-ST-ZIP Brockton MA 02301-4435

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/03 (603) 222-2912

CR2004 (10/02)