

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004773

FILED
Apr 30, 2009
Secretary of State

Entity Name: IRVING OIL TERMINALS INC.

Current Principal Place of Business:

190 COMMERCE WAY
PORTSMOUTH, NH 03801

New Principal Place of Business:

Current Mailing Address:

190 COMMERCE WAY
ATTN: U.S. LEGAL AFFAIRS
PORTSMOUTH, NH 03801

New Mailing Address:

FEI Number: 04-3430664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P/T () Delete
Name: IRVING, KENNETH . .
Address: 10 SYDNEY STREET
City-St-Zip: SAINT JOHN, NB E2L 4K1 CA

Title: S () Delete
Name: GLASSBERG, DAVID E
Address: 190 COMMERCE WAY
City-St-Zip: PORTSMOUTH, NH 03801

Title: AS () Delete
Name: POITRAS, GREGORY B
Address: 190 COMMERCE WAY
City-St-Zip: PORTSMOUTH, NH 03801

Title: AT/D (X) Delete
Name: BREEN, DANIEL T
Address: 190 COMMERCE WAY
City-St-Zip: PORTSMOUTH, NH 03801

Title: DIR (X) Delete
Name: WELLS, OWEN
Address: THREE CANAL PLAZA, 5TH FLOOR
City-St-Zip: PORTLAND, ME 04101

Title: DIR (X) Delete
Name: IRVING, ARTHUR L
Address: 10 SYDNEY STREET
City-St-Zip: SAINT JOHN, NB E2L 4K1 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: ASHAR, MAYANK
Address: 10 SYDNEY STREET
City-St-Zip: SAINT JOHN, NB E2L 4K1 CA

Title: DIR (X) Change () Addition
Name: GLASSBERG, DAVID
Address: 190 COMMERCE WAY
City-St-Zip: PORTSMOUTH, NH 03801

Title: DIR (X) Change () Addition
Name: BREEN, DANIEL
Address: 190 COMMERCE WAY
City-St-Zip: PORTSMOUTH, NH 03801

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: DANIEL BREEN

Electronic Signature of Signing Officer or Director

DIR

04/30/2009

_____ Date