

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

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90012 026 ***550.00

DOCUMENT # **F01000004773**



1. Entity Name
IRVING OIL TERMINALS INC.

Principal Place of Business
**700 MAINE AVE
BANGOR ME 04401**

Mailing Address
**P.O. BOX 704
BANGOR ME 04401**



2. Principal Place of Business

3. Mailing Address

PO Box 401

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bangor ME

4. FEI Number **04-3430664**

Applied For
Not Applicable

Zip

Country

Zip
04402-0401

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SPRAGUE, VERNON
HCR BOX 453
MACHIASPORT ME 04655 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Bryan Monkhouse
10 Sydney St
St John NB E2L 4K1 Canada Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DUFOUR, JAMES A
150 RASLE STREET
OLD TOWN ME 04468 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Daniel T Breen
24 Cherrywood Dr
Dover NH 03820 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
David Glassberg
20 Great Pond Dr
Boxford MA 01921 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-2003 (603)559-8721

Date

Daytime Phone #