

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90099 034 \*\*\*150.00

**DOCUMENT # F01000004775**

1. Entity Name  
**IRVING OIL TRANSPORTATION COMPANY**

Principal Place of Business

**700 MAIN AVENUE  
 BANGOR ME 04401**

Mailing Address

**700 MAIN AVENUE  
 BANGOR ME 04401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2224192**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>P</b> <b>BREEN, DAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>24 CHERRYWOOD DRIVE</b>	
CITY-ST-ZIP	<b>DOVER NH 03820</b>	
TITLE NAME	<b>ST</b> <b>MCLAUGHLIN, STEVE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>340 LOCH LOMAND ROAD</b>	
CITY-ST-ZIP	<b>ST. JOHN, NB, CANADA</b>	
TITLE NAME	<b>D</b> <b>ALVINO, TIMOTHY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1301 AVE. OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	
TITLE NAME	<b>D</b> <b>WELLS, OWEN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>ONE CANAL PLAZA, BOX 426</b>	
CITY-ST-ZIP	<b>PORTLAND, ME ME 04112</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

4-30-2002 2079417311

Date

Daytime Phone #

CR2E034 (9/01)