FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90659 034 ***150.00

94080812

DOCUMENT #

1. Entity Name

STELLAR PROPANE SERVICE CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2187 ATLANTIC ST	PO BOX 120011
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STAMFORD, CT	City & State: STAMFORD, CT
Zip: 06902 Country: USA	Zip: 06902 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 06-1441602 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS ST

City: TALLAHASSEE, FL **FL** Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	CEOD	TITLE	
NAME	SEVIN, IRIK P	NAME	
STREET ADDRESS	2187 ATLANTIC STREET	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06902	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	AMBURY, RICHARD F	NAME	
STREET ADDRESS	2187 ATLANTIC STREET	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06902	CITY-ST-ZIP	
TITLE	CHIEF FINANCIAL OFFICER	TITLE	
NAME	TRAUBER, AMI	NAME	
STREET ADDRESS	2187 ATLANTIC STREET	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06902	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	SEVIN, AUDREY L	NAME	
STREET ADDRESS	2187 ATLANTIC STREET	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06902	CITY-ST-ZIP	
TITLE	ASSISTANT SECRETARY	TITLE	
NAME	SHAPIRO, ALAN	NAME	
STREET ADDRESS	666 FIFTH AVE., 28TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10103	CITY-ST-ZIP	
TITLE	PRESIDENT	TITLE	
NAME	CAVANAUGH, BILL	NAME	
STREET ADDRESS	2187 ATLANTIC STREET	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06902	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/27/04 203-329-7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #