



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90071 043 \*\*\*150.00

<b>DOCUMENT # F05000004263</b>					
<b>1. Entity Name</b> SEI FUEL SERVICES, INC.					
<b>Principal Place of Business</b> 1722 ROUTH STREET SUITE 10000 ONE ATRS PLAZA DALLAS, TX 75201			<b>Mailing Address</b> 1722 ROUTH STREET SUITE 10000 ONE ATRS PLAZA DALLAS, TX 75201		
<b>2. Principal Place of Business - No P.O. Box #</b> 1722 ROUTH STREET		<b>3. Mailing Address</b> SAME AS #2			
Suite, Apt. #, etc. SUITE 1000		Suite, Apt. #, etc.		01092008    Chg-P    CR2E034 (12/06)	
City & State ONE ARTS PLAZA DALLAS, TX		City & State		<b>4. FEI Number</b> 20-2917209	
Zip 75201-2506		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> WALSH, KATHLEEN G <b>STREET ADDRESS</b> 1722 ROUTH ST SUITE 1000 ONE ARTS PLZA <b>CITY-ST-ZIP</b> DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> RADANT, ROBBIE <b>STREET ADDRESS</b> 1722 ROUTH ST SUITE 1000 ONE ARTS PLAZA <b>CITY-ST-ZIP</b> DALLAS, TX 75201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VTD <b>NAME</b> CUNNINGHAM, SANDRA D <b>STREET ADDRESS</b> 1722 ROUTH ST SUITE 1000 ONE ARTS PLZA <b>CITY-ST-ZIP</b> DALLAS, TX 75201	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VSD <b>NAME</b> FENTON, DAVID T <b>STREET ADDRESS</b> 1722 ROUTH ST SUITE 1000 ONE ARTS PLZA <b>CITY-ST-ZIP</b> DALLAS, TX 75201	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VAS <b>NAME</b> SMITH, BRYAN F JR <b>STREET ADDRESS</b> 1722 ROUTH ST SUITE 1000 ONE ARTS PLZA <b>CITY-ST-ZIP</b> DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VAS <b>NAME</b> DAVIS, MICHAEL R. <b>STREET ADDRESS</b> 1722 ROUTH ST SUITE 1000 ONE ARTS PLAZA <b>CITY-ST-ZIP</b> DALLAS, TX 75201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VAS <b>NAME</b> SHEARER, SHAWN <b>STREET ADDRESS</b> 1722 ROUTH ST SUITE 1000 ONE ARTS PLZA <b>CITY-ST-ZIP</b> DALLAS, TX 75201	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employees.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Sandra Cunningham, Vice President Date _____    Daytime Phone # 912/823-7173		