

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90007 014 ***150.00

DOCUMENT # F92000000965

1. Entity Name
NATIONAL AUTO/TRUCKSTOPS, INC.

Principal Place of Business 24601 CENTER RIDGE RD STE 300 WESTLAKE OH 44145-5634 US	Mailing Address 24601 CENTER RIDGE RD STE 300 WESTLAKE OH 44145-5677 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 36-3853982	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	Zip	Country

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
	State 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 _____ (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, 2000 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, EDWIN P	NAME	
STREET ADDRESS	24601 CENTER RIDGE RD, STE 300	STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE OH	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDERLITER, MICHAEL H	NAME	
STREET ADDRESS	24601 CENTER RIDGE RD, STE 300	STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE OH	CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, JAMES W	NAME	
STREET ADDRESS	24601 CENTER RIDGE RD, STE 300	STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE OH	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOANE, TIMOTHY L	NAME	
STREET ADDRESS	24601 CENTER RIDGE RD, STE 300	STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE OH	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	EDGENE P. LYNCH
CITY-ST-ZIP		CITY-ST-ZIP	TWO CANAL PARK
			CAMBRIDGE, MA 02141
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	LOUIS J. MISCHIANTI
CITY-ST-ZIP		CITY-ST-ZIP	ONE STATION PLACE
			STAMFORD CT 06902

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: **EDWIN P. KUHN** 4-25-00 (440)808-3285
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT & C.E.O.** Daytime Phone #

CR2E034 (9/99)