2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000000429

1. Entity Name
MARITRANS GENERAL PARTNER INC.

Principal Place of Business	Mailing Address
ATTN: TAX COMPLIANCE 302 KNIGHTS RUN AV 2 HARBOR PLACE 12TH FL TAMPA, FL 33602 US	ATTN: TAX COMPLIANCE 302 KNIGHTS RUN AV 2 HARBOR PLACE 12TH FL TAMPA, FL 33602 US

02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2718169
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000454161
03/14/06-80051-008 158.75

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	BROMFIELD, WALTER T
STREET ADDRESS	302 KNIGHTS RUN AVE., STE 1200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VPS
NAME	VOLKLE, ARTHUR J
STREET ADDRESS	302 KNIGHTS RUN AVE., STE 1200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	V
NAME	DRAGONE, JOHN C
STREET ADDRESS	2 INTERNATIONAL PLAZA SUITE 335
CITY-ST-ZIP	PHILADELPHIA, PA 19113
TITLE	VPD
NAME	HACKETT, S.M.
STREET ADDRESS	2 INTERNATIONAL PLAZA, SUITE 335
CITY-ST-ZIP	PHILADELPHIA, PA 19113
TITLE	C
NAME	CORTINA, J
STREET ADDRESS	2 INTERNATIONAL PLAZA, SUITE 335
CITY-ST-ZIP	PHILADELPHIA, PA 19113
TITLE	PD
NAME	WHITWORTH, JONATHAN P
STREET ADDRESS	302 KNIGHTS RUN AVENUE SUITE 1200
CITY-ST-ZIP	TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE: ARTHUR VOLKLE 2/28/06 813-209-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #