

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001321 (7)

1. Corporation Name

MARINER SUPPLY SERVICES, INC.



Principal Place of Business

SUITE 300  
1919 CHARLOTTE AVENUE  
NASHVILLE TN 37802

Mailing Address

SUITE 300  
1919 CHARLOTTE AVENUE  
NASHVILLE TN 37802

2. Principal Place of Business

21 125 EUGENE O'NEILL DR  
Suite, Apt. #, etc.

2a. Mailing Address

26 125 EUGENE O'NEILL DR  
Suite, Apt. #, etc.

22 City & State

23 NEW LONDON CT

24 06320

Country

City & State

28 NEW LONDON CT

29 06320

Country

3. Date Incorporated or Qualified  
03/20/1995

3a. Date of Last Report

4. FEI Number

06-1418697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE PC  
NAME STRATTON, ARTHUR W JR  
STREET ADDRESS 47 WATER STREET  
CITY-ST-ZIP MYSTIC CT 06355 ☐ DELETE

TITLE S  
NAME STRATTON, NANCY L  
STREET ADDRESS 47 WATER STREET  
CITY-ST-ZIP MYSTIC CT 06355 ☐ DELETE

TITLE V  
NAME GALLAGHER, JENNIFER B  
STREET ADDRESS 475 BRIDGE STREET  
CITY-ST-ZIP GROTON CT 06340 ☐ DELETE

TITLE AS  
NAME BURNETT, MARK H  
STREET ADDRESS 53 STATE STREET  
CITY-ST-ZIP BOSTON MA 02109 ☐ DELETE

TITLE T  
NAME KINELL, JEFFREY W  
STREET ADDRESS 475 BRIDGE STREET  
CITY-ST-ZIP GROTON CT 06340 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE DPC ☒ Change ☐ Add on  
12 NAME  
13 STREET ADDRESS 125 EUGENE O'NEILL DR  
14 CITY-ST-ZIP NEW LONDON, CT 06320

2 TITLE SD ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS 125 EUGENE O'NEILL DR  
24 CITY-ST-ZIP NEW LONDON, CT 06320

3 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS 125 EUGENE O'NEILL DR  
34 CITY-ST-ZIP NEW LONDON, CT 06320

4 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5 TITLE ☒ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS 125 EUGENE O'NEILL DR  
54 CITY-ST-ZIP NEW LONDON, CT 06320

6 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY W. KINELL

4/15/96

860-701-2000

CR2E034 (12/95)