


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000003852 1. Entity Name VALERO MARKETING AND SUPPLY COMPANY	
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Principal Place of Business ONE VALERO WAY SAN ANTONIO, TX 78249 US	Mailing Address PO BOX 696000 ATTN: CORPORATE TAX SAN ANTONIO, TX 78269-6000 US
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04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2751732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KING, GREGORY C ONE VALERO WAY SAN ANTONIO, TX 78249
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRIPLING, WYATT ONE VALERO WAY SAN ANTONIO, TX 78249
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA TITZMAN, DONNA M ONE VALERO WAY SAN ANTONIO, TX 78249
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KLESSE, WILLIAM R ONE VALERO WAY SAN ANTONIO, TX 782491616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BROWNING, JAY D. ONE VALERO WAY SAN ANTONIO, TX 78249
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/18/07-80047-015 150.00

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:

Wyatt Striping
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07
Date

210-345-2000
Daytime Phone #