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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000003410 (5)

1. Corporation Name

NATIONAL PROPANE SGP, INC.

Principal Place of Business

200 1ST AVE #1700  
CEDAR RAPIDS IA 52401-2087

Mailing Address

200 1ST AVE #1700  
CEDAR RAPIDS IA 52401-1117



3. Date Incorporated or Qualified

07/05/1996

3a. Date of Last Report

4. FEI Number

42-1457761

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME PALIUGHI, RONALD D  
STREET ADDRESS 200 1ST AVE #1700  
CITY - ST - ZIP CEDAR RAPIDS IA 52401-2087

1.1 TITLE VS ☐ Change ☒ Addition

1.2 NAME C. DAVID WATSON  
1.3 STREET ADDRESS 200 FIRST STREET SE, SUITE 1700  
1.4 CITY - ST - ZIP CEDAR RAPIDS, IA 52401

TITLE CEO ☐ DELETE

NAME PALIUGHI, RONALD D  
STREET ADDRESS 200 1ST AVE #1700  
CITY - ST - ZIP CEDAR RAPIDS IA 52401-2087

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE VS ☒ DELETE

NAME CRAWFORD, LAURIE B  
STREET ADDRESS 200 1ST AVE #1700  
CITY - ST - ZIP CEDAR RAPIDS IA 52401-2087

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE VCFO ☐ DELETE

NAME ROMINECKI, RONALD R  
STREET ADDRESS 200 1ST AVE #1700  
CITY - ST - ZIP CEDAR RAPIDS IA 52401-2087

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE V ☒ DELETE

NAME DALY, WILLIAM  
STREET ADDRESS 200 1ST AVE #1700  
CITY - ST - ZIP CEDAR RAPIDS IA 52401-2087

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE

NAME PELTZ, NELSON  
STREET ADDRESS 900 3RD AVE  
CITY - ST - ZIP NY NY 10022

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

319/365-1550

CR2E034 (9/96)