

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90012 014 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F97000000428**

1. Corporation Name

**PETRO HOLDINGS GP CORP.**

Principal Place of Business

**CHARTWELL INVESTMENTS, INC.  
717 FIFTH AVENUE, 23RD FLOOR  
NEW YORK NY 10022**

Mailing Address

**1333 NEW HAMPSHIRE AVENUE N.W.  
SUITE 400  
WASHINGTON DC 20036  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/27/1997**

4. FEI Number

**13-3913049**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **c/o Chartwell Investments**

2a. Mailing Address

26 **c/o AGSH&F**

Suite, Apt. #, etc.

22 **717 Fifth Avenue, 23rd Fl**

Suite, Apt. #, etc.

27 **1333 New Hampshire Ave NW**

City & State

23 **New York, NY**

City & State

28 **Washington, DC**

Zip

24 **10022**

Country

25 **USA**

Zip

29 **20036**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1200 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

**n/a**

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

**n/a**

83 **n/a**

84 City **n/a**

**FL**

85 Zip Code **n/a**

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

**no change in registered agent**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **BERMAN, TODD R**

STREET ADDRESS **717 5TH AVE., 23RD FLOOR**

CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **VSTD** ☐ DELETE

NAME **SHEIN, MICHAEL S**

STREET ADDRESS **717 FIFTH AVENUE, 23RD FLOOR**

CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard A. Keller 6/1/99**

Date

**(212) 521-5500**

Daytime Phone #