

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001671

1. Entity Name  
TOSCO POWER, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**  
09-11-2000 90017 030 \*\*\*550.00

Principal Place of Business Mailing Address  
~~72 CUMMINGS POINT RD~~ C/O BAYWAY REFINING CO. *Legal Dept*  
~~STAMFORD CT 06902~~ ~~1400 PARK AVENUE (LEGAL)~~ *1400 S PARK AVE*  
*1700 East Putnam Road* LINDEN NJ 07036  
*Suite #500*  
*Old Greenwich, CT 06870*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>06-1474546</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> Zip Code			

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUTTON, PETER 3303 N CENTRAL AVE PHOENIX AZ 85012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, JEFFERSON F <del>72 CUMMINGS POINT RD</del> <del>STAMFORD CT 06902</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 East Putnam Road #500 Old Greenwich, CT 06870 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLAVE, WILKES III 1700 East Putnam Road #500 Old Greenwich, CT 06870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEASY, CRAIG <del>72 CUMMINGS POINT RD</del> <del>STAMFORD CT 06902</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 East Putnam Road #500 Old Greenwich, CT 06870 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEINHAUSER, LORE C <del>72 CUMMINGS POINT RD</del> <del>STAMFORD CT 06902</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 East Putnam Road #500 Old Greenwich, CT 06870 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GROSS, ARTHUR L 1500 N. PRIEST DRIVE TEMPE A 85281 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *8/25/00* *602-728-4201*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

attachment  
F97060001671  
B0105772

OFFICERS AND DIRECTORS

OF

TOSCO POWER, INC.  
(a Delaware corporation)

DIRECTORS

Jefferson F. Allen  
Wilkes McClave III  
Peter A. Sutton

OFFICERS

Peter A. Sutton	—	President
Jefferson F. Allen	—	Vice President
Wilkes McClave III	—	Vice President
Craig R. Deasy	—	Treasurer
Lore C. Steinhauser	—	Secretary
Arthur L. Gross	—	Assistant Secretary
Michael F. Ward	—	Assistant Secretary

06/21/99

PO BOX 52085  
PHOENIX, AZ 85072-2085

Attachment  
F970000671  
B0105772  
Y

PAY GROUP	VENDOR NO.	CHECK DATE	CHECK NO.
REFINING-S/H	21021847	08/03/00	746658

DATE	INVOICE NUMBER	BATCH NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
073100	CR232871H SEND CK FC74 BRC AP	3408 02-AUG-00 UMA 5368	550.00	0.00	550.00

If you have any questions, please call **(602) 728-3898**

**TOTAL**

550.00

0.00

550.00

<b>TRUSCO CORPORATION</b> PO BOX 52085 PHOENIX, AZ 85072-2085		RUB PURPLE RECTANGLE BRISKLY.	<b>CHECK DATE</b> 08/03/00	<b>CHECK NUMBER</b> 746658
INK WILL CHANGE FROM PURPLE TO PINK IF CHECK IS AUTHENTIC.		BankBoston Maine, N.A. South Portland, ME	53 753	112
Five Hundred Fifty Dollars And 00 Cents*****				
TO THE ORDER OF		VOID AFTER SIXTY DAYS		
STATE OF FLORIDA SECRETARY OF STATE BOX 1500 TALLAHASSEE FL 32302-1500		\$550.00		
BY		NOTE MICROPRINTING IN AMOUNT AREA ABOVE		
		AUTHORIZED SIGNATURE		

WATERMARKED PAPER - DO NOT ACCEPT WITHOUT VERIFYING WATERMARK - HOLD TO LIGHT TO VERIFY WATERMARK

11-00746658

1:01:20:539: 80 038 104"

attachment  
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Arthur L. Gross	—	Assistant Secretary
Michael F. Ward	—	Assistant Secretary

06/21/99



attachment # F97000001471  
30105772

Tosco Refining Company  
A Division of Tosco Corporation  
1400 Park Avenue  
Linden, New Jersey 07036

August 29, 2000

Florida Department of States  
Corporations Division  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the Uniform Business Report for the year 2000 for Tosco Power Inc. and a check in the amount of \$550.00 to cover the filing fee.

Please acknowledge receipt and filing by stamping and returning the enclosed extra copy of the UBR in the self-addressed, stamped envelope provided.

If you have any questions, please contact me at (908) 523-5078.

Very truly yours,

A handwritten signature in cursive script that reads 'Lily Isaacson'.

Lily Isaacson  
Corporate Paralegal

g:\legal\annrpt\tpifl00.doc

Enclosures