

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90007 047 \*\*\*150.00

DOCUMENT # F98000002806 ✓

1. Corporation Name

Petroleum Transport Corporation

Principal Place of Business

c/o Moran Towing Corporation  
Two Greenwich Plaza  
Greenwich, CT 06830

Mailing Address

c/o Moran Towing Corporation  
Two Greenwich Plaza  
Greenwich, CT 06830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/18/98

4. FEI Number

06-1472259

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 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

CT 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 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	President, Director <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William P. Muller	1.2 NAME	W. Anthony Watt
STREET ADDRESS	Two Greenwich Plaza	1.3 STREET ADDRESS	Two Greenwich Plaza
CITY-ST-ZIP	Greenwich, CT 06830	1.4 CITY-ST-ZIP	Greenwich, CT 06830
TITLE	Vice President, Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce D. Richards	2.2 NAME	
STREET ADDRESS	Two Greenwich Plaza	2.3 STREET ADDRESS	
CITY-ST-ZIP	Greenwich, CT 06830	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A. Beardsley	3.2 NAME	
STREET ADDRESS	Two Greenwich Plaza	3.3 STREET ADDRESS	
CITY-ST-ZIP	Greenwich, CT 06830	3.4 CITY-ST-ZIP	
TITLE	Secretary, General Counsel <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Marchisotto	4.2 NAME	
STREET ADDRESS	Two Greenwich Plaza	4.3 STREET ADDRESS	
CITY-ST-ZIP	Greenwich, CT 06830	4.4 CITY-ST-ZIP	
TITLE	Controller & Assistant Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Patten	5.2 NAME	
STREET ADDRESS	Two Greenwich Plaza	5.3 STREET ADDRESS	
CITY-ST-ZIP	Greenwich, CT 06830	5.4 CITY-ST-ZIP	
TITLE	General Manager, Southeast Division <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis M. Pereira	6.2 NAME	
STREET ADDRESS	1534 East Adams St.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	6.4 CITY-ST-ZIP	

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  
Alan Marchisotto

3/29/99

203 625-7846

Date

Daytime Phone #

CR2E034 (11/98)