2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # F9800003503 1. Entity Name					Feb 20, 2002 8:00 am Secretary of State			
SKIBECK PIPELINE COMPANY, INC.					02-20-2002 901			
Principal Place of Business Mailing Address PO BOX 37 RANDOLPH NY 14772 RANDOLPH NY 14772 RANDOLPH NY 14772					1 1881 188 1718 1818 1817 1881 1881 1881 1881	:	1 86168 (1111 1 88 5	
Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State	City & State		4. FEI Number 16-1167382		pplied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired.	60.75		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Regist		-	
C T CORPORATION SYSTEM				Name Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street 7	nuuress (r.	O. Box Nulliber Is Not Acceptable)			
FUNIAL	ION FL 33324		City			FL Zip Cod	ie	
8. The above	named entity submits this statement for	the nurnose of changing its	registered office of	y registered	Lagant or both in the State of Election	FL		
SIGNATURE .	Signature, typed or printed name of registered agent a			_				
				.00 550.00	10. Election Campaign Financin Trust Fund Contribution.	· _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 May Be	
11,	OFFICERS AND (12.	it of otate	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S (NI 11	
TITLE NĀME STREET ADDRESS CITY-ST-ZIP	SCHETTINE, WILLIAM C RT. 394 RANDOLPH - JAMESTOWN RD.		: TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☑ Addition John Durbin 4204 Hunts Point Rd				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Direc Willia 3629	am Weisfield West Mercer Way	☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Belle	vue, WA 98040	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report a	v signature shall h	iave the san	ne legal effect as it made under oath: ti	hat Lam an officer.	or director	

6 SHE RECWILLIAM C. Schettine 1/29/02

Daytime Phone #