2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003
Secretary of State

DOCUMENT# F99000001796

Entity Name: GASOLINE ASSOCIATED SERVICES, INC.

Current Principal Place of Business:

1603 GODFREY AVE., SOUTH
FT. PAYNE, AL 35967

New Principal Place of Business:

Current Mailing Address:

PO BOX 680807
FORT PAYNE, AL 35968 US

New Mailing Address:

FEI Number: 63-1175435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: WILLIAMSON, JOHN ROBERT
Address: 4310 GARMON ROAD
City-St-Zip: ATLANTA, GA 30327

Title: P ( ) Delete
Name: STRINGER, SHANNON
Address: 1604 MONTE VISTA DRIVE
City-St-Zip: FT. PAYNE, AL 35967

Title: ST ( ) Delete
Name: PORTER, JON
Address: 6005 GOLF ROAD
City-St-Zip: FT. PAYNE, AL 35967

Title: AS ( ) Delete
Name: SMITH, KIM
Address: 1212 SCENIC DRIVE
City-St-Zip: FT. PAYNE, AL 35967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: WILLIAMSON, JOHN ROBERT
Address: 511 KINGS MOUNTAIN TRAIL
City-St-Zip: VESTAVIA HILLS, AL 35242

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM SMITH AS 01/17/2003

Electronic Signature of Signing Officer or Director — Date