

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F99000002957**

1. Corporation Name

**TOSCO OPERATING COMPANY, INC.**

Principal Place of Business

1500 N. PRIEST DRIVE  
TEMPE AZ 85821

Mailing Address

1500 N. PRIEST DRIVE  
TEMPE AZ 85821

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1400 Park Ave.  
Linden, NJ  
07036  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/1999

5. FEI Number

68-0343230

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PCD	LAVINIA, ROBERT J	1500 N. PRIEST DRIVE	TEMPE AZ 85821
D	ALLEN, JEFFERSON F	1700 East Putnam Road, Suite 500 72 CUMMINGS POINT ROAD	Old Greenwich, CT 06870 STAMFORD CT 06902
VPSD	MCCLAVE, WILKES III	72 CUMMINGS POINT ROAD 1700 East Putnam Road, Suite 500	STAMFORD CT 06902 Old Greenwich, CT 06870
VP	OVES, PAUL W	1500 N. PRIEST DRIVE	TEMPE AZ 85821
VP	MERCER, R. CLINT	1500 N. PRIEST DRIVE	TEMPE AZ 85821
VPAS	WALDSCHMIDT, DAVID A	1500 N. PRIEST DRIVE	TEMPE AZ 85821

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200003493352-1  
-12/11/00-01039-004  
\*\*\*750.00  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Charles W. Meyer*  
CHARLES W. MEYER  
REGISTERED AGENT MUST SIGN  
ASSISTANT SECRETARY

Date 11/15/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Michael D. Gayda*  
Michael D. Gayda  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/00  
Date

908-523-5150  
Daytime Phone #