

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002957

1. Entity Name

TOSCO OPERATING COMPANY, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90488 029 ***150.00

Principal Place of Business

Mailing Address

1500 N. PRIEST DRIVE
TEMPE AZ 85821

1400 PARK AVE
LINDEN NJ 07036

2. Principal Place of Business

3. Mailing Address

1400 Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Legal Dept.

City & State

City & State

Linden NJ

4. FEI Number

68-0343230

Applied For

Not Applicable

Zip

Country

Zip

Country

07036

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME LAVINIA, ROBERT J
STREET ADDRESS 1500 N. PRIEST DRIVE
CITY-ST-ZIP TEMPE AZ 85821

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Michael D. Gayda
STREET ADDRESS 1400 Park Street
CITY-ST-ZIP Linden, NJ 07036

TITLE D ☐ Delete
NAME ALLEN, JEFFERSON F
STREET ADDRESS 1700 EAST PUTNAM ROAD, SUITE 500
CITY-ST-ZIP OLD GREENWICH CT 06870

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MCCLAVE, WILKES III
STREET ADDRESS 1700 EAST PUTNAM ROAD, SUITE 500
CITY-ST-ZIP OLD GREENWICH CT 06870

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME OVES, PAUL W
STREET ADDRESS 1500 N. PRIEST DRIVE
CITY-ST-ZIP TEMPE AZ 85821

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MERCER, R. CLINT
STREET ADDRESS 1500 N. PRIEST DRIVE
CITY-ST-ZIP TEMPE AZ 85821

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPAS ☐ Delete
NAME WALDSCHMIDT, DAVID A
STREET ADDRESS 1500 N. PRIEST DRIVE
CITY-ST-ZIP TEMPE AZ 85821

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01

Date

908-523-5078

Daytime Phone #

CR2E034 (10/00)