FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # F9900003026 Garron Fleet Fueling, Inc. DIBIA U.S. Fleet-Services, Inc. **CARRON-FLEET FUELING INC** 4-19-2001 90297 019 ***150.00 Principal Place of Business Mailing Address 132 WELSH ROAD, SUITE 120 56 GEORGETOWN RD HORSHAM PA 19044 BORDENTOWN NJ 08505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-1662556 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Addition PDST TITLE Change TITLE GOSIN, BARRY E NAME NAME 132 WELSH ROAD, SUITE 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HORSHAM PA 19044 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BROWN, MICHAEL A NAME NAME STREET ADDRESS STREET ADDRESS 132 WELSH ROAD, SUITE 120 CITY-ST-ZIP CITY-ST-ZIP HORSHAM PA 19044 DAST ☐ Change ☐ Addition Delete TITLE TITLE BACHMAN, LESLEY A NAME NAME 132 WELSH ROAD, SUITE 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HORSHAM PA 19044 ☐ Defete TITLE □ Change ☐ Addition TITLE DONNINI, DAVID NAME NAME STREET ADDRESS 6100 SEARS TOWER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 Delete TITLE ☐ Change TITLE ☐ Addition NAME MCADAM, TIMOTHY NAME STREET ADDRESS 6100 SEARS TOWER STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP C00 TITLE Delete TITLE ☐ Change ☐ Addition SOKOLIS, GLEN NAME NAME STREET ADDRESS 132 WELSH RD STE 120 STREET ADDRESS CITY-ST-ZIP HORSHAM PA 19044 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:

SIGNATURE

Date

Date

Date

Dayline Phone *