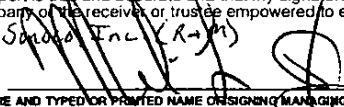


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90007 024 ****50.00

DOCUMENT # M00000001143 1. Entity Name EPSILON PRODUCTS COMPANY, LLC					
Principal Place of Business ATTN: REFINERY MANAGER PO BOX 432, POST ROAD AND BLUEBALL AVE. MARCUS HOOK, PA 19061				Mailing Address 1801 MARKET STREET, 17TH FLOOR PHILADELPHIA, PA 19103	
2. Principal Place of Business 1735 Market St. Suite/Apt. #, etc. LL		3. Mailing Address 1735 Market Street Suite/Apt. #, etc. LL			
City & State Philadelphia, PA Zip 19103 Country Philadelphia		City & State Philadelphia, PA Zip 19103 Country Philadelphia		4. FEI Number 23-3044197	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNOCO, INC. (R&M) ☐ Delete TEN PENN CENTER, 1801 MARKET ST. 17TH FL PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1735 Market Street Philadelphia, PA 19103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAR-L, INC. ☐ Delete % AUDIA GROUP, 450 RACETRACK ROAD WASHINGTON, PA 15301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  215-997-6648 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # Michael L. Preston V.P. and Assistant Secretary					