

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000949

FILED
Feb 19, 2010
Secretary of State

Entity Name: PILOT TRAVEL CENTERS LLC

Current Principal Place of Business:

5508 LONAS RD.
KNOXVILLE, TN 37909

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10146
ATTN: TAX
KNOXVILLE, TN 379390146

New Mailing Address:

FEI Number: 34-1953155 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

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

MANAGING MEMBERS/MANAGERS:

Title: P
Name: HASLAM III, JAMES A
Address: 5020 LYONS VIEW PIKE
City-St-Zip: KNOXVILLE, TN 37919

Title: VCF
Name: STEENROD, MITCHELL D
Address: 12000 GRIGSBY CHAPEL
City-St-Zip: KNOXVILLE, TN 37922

Title: VP
Name: HAZELWOOD, MARK A
Address: 1024 CHEROKEE BLVD
City-St-Zip: KNOXVILLE, TN 37919

Title: AS
Name: SEABROOK, KRISTIN
Address: 672 BROCHARDT BLVD
City-St-Zip: KNOXVILLE, TN 37934

Title: VPT
Name: PARENT, KENNETH M
Address: 1708 REGENTS PARK
City-St-Zip: KNOXVILLE, TN 37934

Title: VPSD
Name: WRIGHT, ALAN W
Address: 5329 TURTLE POINT LANE
City-St-Zip: KNOXVILLE, TN 37919

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MITCHELL D. STEENROD

SVP

02/19/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date