LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 Secretary of State DIVISION OF CORPORATION						arris State ORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 17 PM 1:51				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								י אונוו עע	, ,		
1. Name	and Mailing Add ted Liability Con			# м970							
MARATHON ASHLAND PETROLEUM LLC 539 SOUTH MAIN STREET FINDLAY OH 45840							1a. Principal Place of Business Address 539 SOUTH MAIN STREET FINDLAY OH 45840				
2 Principal Place of Business 2a. Mailin				ng Address			3. Date Organized or Qualified		3a. State of Formation		
Suite, Apt. #, etc. Suite			Suite, Apt	e, Apt. #, etc			07/14/1	997	DE		
									Applied For		
City & State			City & State			1	31-1537655 5. Date of Last Report		- 2	Not Applicable	
Zip	Zip Country		Zip Count		y	·			ate of Status Desired		
7. Name and Address of Current Registered A				Agent 8		8. N	04/24/1998 Name and Address of New Regis		stered Agent/Office		
PLANTATION FL 33324						ove-named limited	etc. Zip Code FL Zip Code				
SIGNATU	IRE					anaye, e e		ρΑ1ξ , ,			
10. Title Managing Members/Managers				NOTE Registered Agent signature required where reaching? Business Street Address			City, State and Zip Code				
MGR MGR	BEGHINI, V.G. BROTHERS, J.A. FRED			5555 SAN FELIPE RD PO BOX 391				HOUSTON TX ASHLAND KY			
MGR				PO BOX 391			I	ASHLAND KY			
MGR	SURMA, J.P.			5555 SAN FELIPE RD			ı	HOUSTON TX			
MGR	USHER, T.J.			600 GRANT ST				PITTSBURGH PA			
MGR				5555 SAN FELIPE RD				HOUSTON TX			
				ce of the Ard			\$\functions \text{2} \forall \forall \text{2} \forall \te				
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If unther certify that the information indicated on this annual 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.											
	SIGNATURE: 3-3.49 SIGNATURE: 3-3.49 SIGNATURE: 10.00 EVELD ON FRIED NAME OF SIGNATURE MINISTERIOR MATERIAL MINISTERIOR MATERIAL DE DESCRIPTION NO EXPERIENCE PRIMAR NO EXPERIENCE										