

2000 UNIFORM BUSINESS REPORT (UBR)

0016098 AB

DOCUMENT # M97000000419

1. Entity Name
MARATHON ASHLAND PETROLEUM LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 1:58

Principal Place of Business
539 SOUTH MAIN STREET
FINDLAY OH 45840

Mailing Address
539 SOUTH MAIN STREET
FINDLAY OH 45840-3229



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1537655

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 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 Applicable)

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

1 BLT

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEGHINI, V.G. 5555 SAN FELIPE RD HOUSTON TX 77056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROTHERS, J.A. FRED PO BOX 391 ASHLAND KY 41114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHELLGREN, P.W. PO BOX 391 ASHLAND KY 41114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HERNANDEZ, R.M. 600 GRANT ST. PITTSBURGH PA 15219-4476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLS, J.T. 5555 SAN FELIPE RD. HOUSTON TX 77056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARZIALE, J.V. 5555 SAN FELIPE RD. HOUSTON TX 77056	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 391 Covington, KY 41012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 391 Covington, KY 41012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr. J. M. Quin PO Box 391 Covington, KY 41012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr. T. J. Usher 600 Grant Street Pittsburgh, PA 15219-4476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr. J. L. Frank 539 South Main Street Findlay, OH 45840	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/9/00

Date

Daytime Phone #

CR2E083 (9/99)