

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135576

Entity Name: UNIVERSITY SUNOCO, INC.

FILED
Mar 01, 2004
Secretary of State

Current Principal Place of Business:

1700 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

1700 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 14-1887638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALLADANTHYIL, TONY M
1700 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

VELLAPALLY, SALVI T
1700 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

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: SALVI VELLAPALLY

03/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KALLADANTHYIL, TONY
Address: 1700 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VELLAPALLY, SALVI
Address: 1700 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Change (X) Addition
Name: LUKOSE, PHILOMINA P
Address: 1700 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Change (X) Addition
Name: VELLAPALLY, TEXIN S
Address: 1700 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVI VELLAPALLY

P

03/01/2004

Electronic Signature of Signing Officer or Director

Date