


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90122 011 \*\*\*150.00

**DOCUMENT # P12522**  
 1. Entity Name  
**BUCKEYE PIPE LINE COMPANY**



Principal Place of Business  
**5002 BUCKEYE ROAD  
 EMMAUS, PA 18049**

Mailing Address  
**PO BOX 368  
 EMMAUS, PA 18049**

**14013441**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324**

4. FEI Number  
**23-2431966**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE, NAME STREET ADDRESS CITY-ST-ZIP	PD SHEA, WILLIAM H JR. 1290 FARM LN BERWYN, PA 19312	<input type="checkbox"/> Delete
TITLE, NAME STREET ADDRESS CITY-ST-ZIP	VT MARTINELLI, DAVID J 919 CASTLEHILL LN DEVON, PA 19333	<input type="checkbox"/> Delete
TITLE, NAME STREET ADDRESS CITY-ST-ZIP	VS MUTHER, STEPHEN C 651 BETHLEHEM PIKE FT WASHINGTON, PA	<input type="checkbox"/> Delete
TITLE, NAME STREET ADDRESS CITY-ST-ZIP	V RAMSEY, STEVEN C. 598 BAIR ROAD BERWYN, PA	<input type="checkbox"/> Delete
TITLE, NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE, NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE, NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE, NAME STREET ADDRESS CITY-ST-ZIP	Martinelli, David J. 350 Harvest Lane Haverford, PA 19041	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE, NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE, NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE, NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vance E. Powers Vance E. Powers, VP-Finance 4-22-04 484-232-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #