

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 032 ***150.00

DOCUMENT # P12522

1. Entity Name

Buckeye Pipe line Company



DO NOT WRITE IN THIS SPACE

90121019

2. Principal Place of Business

5002 Buckeye Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 368

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Emmaus, PA

City & State

Emmaus, PA

4. FEI Number

23-2431966

Applied For

Not Applicable

Zip

18049

Country

USA

Zip

18049

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S Pine Island Road

City

Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME Shea, William H. Jr.
STREET ADDRESS 1290 Farm Lane, Berwyn, PA 19312
CITY-ST-ZIP

TITLE V/T
NAME Martinelli, David J.
STREET ADDRESS 919 Castlehill Lane, Devon, PA
CITY-ST-ZIP 19333

TITLE V/S
NAME Muther, Stephen C.
STREET ADDRESS 651 Bethlehem Pike, Ft. Washington
CITY-ST-ZIP PA, 19034

TITLE V
NAME Ramsey, Steven C.
STREET ADDRESS 598 Bair Road, Berwyn, PA 19312
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

484-232-4000

Daytime Phone #

CR2E034B (12/02)