

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15836

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: JIFFY LUBE INTERNATIONAL OF MARYLAND, INC.

**Current Principal Place of Business:**

700 MILAM  
HOUSTON, TX 770022806 US

**New Principal Place of Business:**

**Current Mailing Address:**

910 LOUISIANA  
HOUSTON, TX 77002 US

**New Mailing Address:**

FEI Number: 52-1462657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LYNG, K.M.  
Address: 700 MILAM  
City-St-Zip: HOUSTON, TX 77002

Title: T ( ) Delete  
Name: NOORDEGRAAF, S.W.A. K  
Address: 1301 MCKINNEY, STE. 700  
City-St-Zip: HOUSTON, TX 77010 US

Title: S ( ) Delete  
Name: PINEDA, H.A.  
Address: 910 LOUISIANA  
City-St-Zip: HOUSTON, TX 77002 US

Title: VPT ( ) Delete  
Name: ERICKSON, D.A.  
Address: 910 LOUISIANA  
City-St-Zip: HOUSTON, TX 77002 US

Title: AS ( ) Delete  
Name: PAUL, S.J.  
Address: 910 LOUISIANA  
City-St-Zip: HOUSTON, TX 77002 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ZORANA C. LEE

MGR

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date