

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90031 019 \*\*\*150.00

**DOCUMENT # P17466**

1. Entity Name  
**CONVENIENCE STORES PROPERTIES CORP.**



Principal Place of Business

**450 SEVENTH AVE  
SUITE 1505  
NEW YORK, NY 10123 US**

Mailing Address

**C/O D SKIFF  
850 SILAS DEANE HWY  
WETHERSFIELD, CT 06109 US**

**94030582**



**DO NOT WRITE IN THIS SPACE**

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**52-1571733**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

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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 reinstating)

DATE

**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	PD
NAME	PRICE, JAMES D.
STREET ADDRESS	450 SEVENTH AVE, STE 1505
CITY-ST-ZIP	NEW YORK, NY 10123
TITLE	VPD
NAME	MARSHALL, HENRY C JR
STREET ADDRESS	450 SEVENTH AVE, STE 1505
CITY-ST-ZIP	NEW YORK, NY 10123
TITLE	VPT
NAME	BUTLER, SCOTT E.
STREET ADDRESS	450 SEVENTH AVE, STE 1505
CITY-ST-ZIP	NEW YORK, NY 10123
TITLE	D
NAME	BUTLER, SCOTT E.
STREET ADDRESS	450 SEVENTH AVE, STE 1505
CITY-ST-ZIP	NEW YORK, NY 10123
TITLE	S
NAME	MCBRIDE, EILEEN M
STREET ADDRESS	1 PENN PLZ STE 3714 <i>450 Seventh Avenue</i>
CITY-ST-ZIP	NEW YORK, NY 10119 <i>N.Y. N.Y. 10123</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.