

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT #P17466**

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



Principal Place of Business      Mailing Address  
**450 SEVENTH AVE**      **C/O D SKIFF**  
**SUITE 1505**      **850 SILAS DEANE HWY**  
**NEW YORK, NY 10123 US**      **WETHERSFIELD, CT 06109 US**



01052005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**52-1571733**      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**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing      ☐      **\$5.00** May Be  
Trust Fund Contribution.      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      450 SEVENTH AVENUE  
CITY-ST-ZIP      NEW YORK, NY 10123

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000180038  
01/13/05-80042-013 150.00

**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.

SIGNATURE: *James D. Price*      James D. Price

1/10/05      860.257.009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #