


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

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
---	--

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1571733	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when renating)	DATE 01/18/06-80020-017 150.00
---	---	-----------------------------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, JAMES D. 450 SEVENTH AVE, STE 1505 NEW YORK, NY 10123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARSHALL, HENRY C JR 450 SEVENTH AVE, STE 1505 NEW YORK, NY 10123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BUTLER, SCOTT E. 450 SEVENTH AVE, STE 1505 NEW YORK, NY 10123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, SCOTT E. 450 SEVENTH AVE, STE 1505 NEW YORK, NY 10123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCBRIDE, EILEEN M 450 SEVENTH AVENUE NEW YORK, NY 10123
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 exemptions contained 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 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: <u>Xuan Price</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/10/06	Daytime Phone #
--	-----------------	-----------------