

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17466

FILED
Jan 29, 2008
Secretary of State

Entity Name: CONVENIENCE STORES PROPERTIES CORP.

Current Principal Place of Business:

450 SEVENTH AVE
SUITE 1505
NEW YORK, NY 10123 US

Current Mailing Address:

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

New Principal Place of Business:

78 BEAVER RD
SUITE 2C
WETHERSFIELD, CT 06109 US

New Mailing Address:

C/O D SKIFF
78 BEAVER RD, STE 2C
WETHERSFIELD, CT 06109 US

FEI Number: 52-1571733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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: PD () Delete
Name: PRICE, JAMES D.,
Address: 450 SEVENTH AVE, STE 1505
City-St-Zip: NEW YORK, NY 10123

Title: VPD () Delete
Name: MARSHALL, HENRY C JR
Address: 450 SEVENTH AVE, STE 1505
City-St-Zip: NEW YORK, NY 10123

Title: VPT () Delete
Name: BUTLER, SCOTT E.,
Address: 450 SEVENTH AVE, STE 1505
City-St-Zip: NEW YORK, NY 10123

Title: D (X) Delete
Name: BUTLER, SCOTT E.,
Address: 450 SEVENTH AVE, STE 1505
City-St-Zip: NEW YORK, NY 10123

Title: S () Delete
Name: MCBRIDE, EILEEN M
Address: 450 SEVENTH AVENUE
City-St-Zip: NEW YORK, NY 10123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRICE, JAMES D.,
Address: 1172 PARK AVE
City-St-Zip: NEW YORK, NY 10128

Title: VPD (X) Change () Addition
Name: PRICE, JAMES W
Address: 156 E 37TH ST
City-St-Zip: NEW YORK, NY 10016

Title: VPTD (X) Change () Addition
Name: BUTLER, SCOTT E.,
Address: 78 D ALDERBROOK DR
City-St-Zip: TOPSFIELD, MA 01983

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

Title: S (X) Change () Addition
Name: MCBRIDE, EILEEN M
Address: 34 SHADY LANE
City-St-Zip: FANWOOD, NJ 07023

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: DAVID R SKIFF

POA

01/29/2008

Electronic Signature of Signing Officer or Director

Date