FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90143 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17466

1. Entity Name
CONVENIENCE STORES PROPERTIES CORP.

Principal Place of Business	Mailing Address
C/O JAMES D PRICE ONE PENN PL SUITE 5114 NEW YORK, NY 10119 US	C/O D SKIFF 850 SILAS DEANE HWY WETHERSFIELD, CT 06109 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
450 Seventh Ave.	
Suite, Apt. #, etc. Suite 1505	Suite, Apt. #, etc.
City & State New York, NY 10123	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRICE, JAMES D. 1 PENN PLZ STE 5114 NEW YORK, NY 10119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 450 Seventh Ave., Suite 1505 New York, NY 10123
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD CALDECOTT, JOHN E. 1 PENN PLZ STE 5114 NEW YORK, NY 10119	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ☐ Change ☒ Addition Marshall, Henry C. Jr. 450 Seventh Ave., Suite 1505 New York, NY 10123
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT BUTLER, SCOTT E. 1 PENN PLZ STE 5114 NEW YORK, NY 10119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 450 Seventh Ave., Suite 1505 New York, NY 10123
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTLER, SCOTT E. 1 PENN PLZ STE 5114 NEW YORK, NY 10119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 450 Seventh Ave., Suite 1505 New York, NY 10123
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCBRIDE, EILEEN M 1 PENN PLZ STE 5114 NEW YORK, NY 10119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 450 Seventh Ave., Suite 1505 New York, NY 10123
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: John Price 3/31/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #