

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18273 (3)

1. Corporation Name

DRYDEN OIL COMPANY, INC.



Principal Place of Business

9300 PULASKI HIGHWAY
BALTIMORE MD 21220

Mailing Address

9300 PULASKI HIGHWAY
BALTIMORE MD 21220

3. Date Incorporated or Qualified

03/03/1988

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent for the above corporation)

(NOTE: Registered Agent Signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRANE, THOMAS R JR	
STREET ADDRESS	1500 VALLEY RD	
CITY-ST-ZIP	WAYNE NJ	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FARLEY, JEFFREY T	
STREET ADDRESS	1500 VALLEY RD	
CITY-ST-ZIP	WAYNE NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, MICHAEL D	
STREET ADDRESS	1500 VALLEY RD	
CITY-ST-ZIP	WAYNE NJ	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, EDWARD	
STREET ADDRESS	9300 PULASKI HWY.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	REYNOLDS, JACK W	
STREET ADDRESS	9300 PULASKI HWY.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack W. Reynolds

4/25/96

CR2E034 (12/95)