

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P19041

1. Entity Name
SECOND 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 DEAN HWY
WETHERSFIELD, CT 06109 US

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3462986

Applied For
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

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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

000000385536
01/18/06-80020-016 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PRICE, JAMES D.
STREET ADDRESS 450 SEVENTH AVE., SUITE 1505
CITY-ST-ZIP NEW YORK, NY 10123

TITLE D
NAME MARSHALL, HENRY C
STREET ADDRESS 450 SEVENTH AVE., SUITE 1505
CITY-ST-ZIP NEW YORK, NY 10123

TITLE VDT
NAME BUTLER, SCOTT E.
STREET ADDRESS 450 SEVENTH AVE., SUITE 1505
CITY-ST-ZIP NEW YORK, NY 10123

TITLE S
NAME MCBRIDE, EILEEN
STREET ADDRESS 450 SEVENTH AVE., SUITE 1505
CITY-ST-ZIP NEW YORK, NY 10123

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #