

NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthahn
 Secretary of State
 DEPARTMENT OF CORPORATIONS

DOCUMENT # P21075 (7)
 1. Corporation Name
KEYSTONE PIPELINE SERVICES, INC.

Principal Place of Business
**37 SEA PAVE DRIVE
 SOUTH WINDSOR CT 06074**

Mailing Address
**P.O. BOX 164
 SOUTH WINDSOR CT 06074**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1988

4. FEI Number

72-1123991

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 **SAME**

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

SAME

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, from the address or person previously registered, which change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation and I agree to be personally liable for the corporation's compliance with the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <input type="checkbox"/> DELETE NAME: D KARAM, THOMAS F. STREET ADDRESS: ONE PEI CENTER CITY-ST-ZIP: WILKES-BARRE PA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11 TITLE: SOUTHERN OPERATIONS MANAGER 12 NAME: WILLIAM MILSTEAD 13 STREET ADDRESS: 8346 OLD RICHFORD RD. 14 CITY-ST-ZIP: MECHANESVILLE, VA 23116
TITLE: <input type="checkbox"/> DELETE NAME: PD MYSLINSKI, THOMAS F. STREET ADDRESS: ONE PEI CENTER CITY-ST-ZIP: WILKES-BARRE PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition 21 TITLE: 22 NAME: 23 STREET ADDRESS: 24 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: V GREEN, GEORGE J. STREET ADDRESS: 37 SEA PAVE ROAD CITY-ST-ZIP: S WINDSOR CT	<input type="checkbox"/> Change <input type="checkbox"/> Addition 31 TITLE: 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: ST MARSHALL, RICHARD N. STREET ADDRESS: 39 PUBLIC SQUARE CITY-ST-ZIP: WILKES-BARRE PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition 41 TITLE: 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:

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14. 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 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: *[Signatures]*

1/7/98

CR2034 (10-97)