

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90061 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P21075

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: **51 Industrial Park Access Rd**
 Suite, Apt. #, etc. **22**

2a. Mailing Address: **51 Industrial Park Access Rd**
 Suite, Apt. #, etc. **27**

City & State: **Middlefield CT**
 Zip: **06455** Country: **USA**

28. **Middlefield CT**
 Zip: **06455** Country: **USA**

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	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAM, THOMAS F.	1.2 NAME	
STREET ADDRESS	ONE PEI CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILKES-BARRE PA	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYSLINSKI, THOMAS F.	2.2 NAME	
STREET ADDRESS	ONE PEI CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILKES-BARRE PA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, GEORGE J.	3.2 NAME	
STREET ADDRESS	37 SEA PAVE ROAD	3.3 STREET ADDRESS	One PEI Center
CITY-ST-ZIP	S WINDSOR CT	3.4 CITY-ST-ZIP	Wilkes-Barre, PA 18711
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, RICHARD N.	4.2 NAME	
STREET ADDRESS	39 PUBLIC SQUARE	4.3 STREET ADDRESS	One PEI Center
CITY-ST-ZIP	WILKES-BARRE PA	4.4 CITY-ST-ZIP	Wilkes-Barre, PA 18711
TITLE	SOM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILSTEAD, WILLIAM	5.2 NAME	
STREET ADDRESS	8346 OLD RICHFORD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANIEVILLE VA 23116	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *W. Milstead*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (1/198)