

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P21075**

1. Entity Name

KEYSTONE PIPELINE SERVICES, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90189 043 ***150.00

Principal Place of Business

Mailing Address

**51 INDUSTRIAL PARK ACCESS RD
MIDDLEFIELD CT 06455****51 INDUSTRIAL PARK ACCESS RD
MIDDLEFIELD CT 06455-1263**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-1123991**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DR	<input type="checkbox"/> Delete
NAME	KARAM, THOMAS F.	
STREET ADDRESS	ONE PEI CENTER	
CITY-ST-ZIP	WILKES-BARRE PA 18711	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MYSLINSKI, THOMAS F.	
STREET ADDRESS	ONE PEI CENTER	
CITY-ST-ZIP	WILKES-BARRE PA 18711	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREEN, GEORGE J.	
STREET ADDRESS	ONE PEI CENTER	
CITY-ST-ZIP	WILKES-BARRE PA 18711	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARSHALL, RICHARD N.	
STREET ADDRESS	ONE PEI CENTER	
CITY-ST-ZIP	WILKES-BARRE PA 18711	
TITLE	SOM	<input type="checkbox"/> Delete
NAME	MILSTEAD, WILLIAM	
STREET ADDRESS	8346 OLD RICHFORD RD.	
CITY-ST-ZIP	MECHANIEVILLE VA 23116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-00