


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P22525	
1. Entity Name SUBURBAN PROPANE GAS CORPORATION	

Principal Place of Business 240 RT 10 W WHIPPANY, NJ 07981 US	Mailing Address C/O SUBURBAN PROPANE POST OFFICE BOX 206 WHIPPANY, NJ 07981 US
---	---

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3032956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
--

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, MICHAEL J JR. 240 ROUTE 10 WEST WHIPPANY, NJ 07981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLANTE, ROBERT 240 RTE 10 WEST WHIPPANY, NJ 07981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEOLA, JANICE 240 RTE 10 WEST WHIPPANY, NJ 07981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STIVALA, MICHAEL A 240 ROUTE 10 WEST WHIPPANY, NJ 07981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000005877
01/16/04-80009-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X/ Michael Stivala* *Michael Stivala/Controller* *1/12/04* *(973) 503-9102*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #