

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 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**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3032956

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 DUNN, MICHAEL J JR.
STREET ADDRESS 240 ROUTE 10 WEST
CITY-ST-ZIP WHIPPANY, NJ 07981

TITLE VP
NAME PLANTE, ROBERT
STREET ADDRESS 240 RTE 10 WEST
CITY-ST-ZIP WHIPPANY, NJ 07981

TITLE SVP
NAME SOKOL, JANICE G
STREET ADDRESS 240 RTE 10 WEST
CITY-ST-ZIP WHIPPANY, NJ 07981

TITLE C
NAME STIVALA, MICHAEL A
STREET ADDRESS 240 ROUTE 10 WEST
CITY-ST-ZIP WHIPPANY, NJ 07981

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000393882
01/25/06-80038-018 150.00

**DO NOT WRITE
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

1/16/06
Date

(973) 503-9102
Daytime Phone #