

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:34

DOCUMENT # P26442

(4)

1. Corporation Name

STOCKMAR ENERGY, INC.

Principal Place of Business

% C T CORPORATION SYSTEM  
818 W. SEVENTH ST.  
LOS ANGELES CA 90017

Mailing Address

C/O LFC FINANCIAL CORP  
400 3 RADNOR CORP CNT 100 MATSONFORD RD  
RADNOR PA 19067  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1989

3a. Date of Last Report

04/12/1994

4. FEI Number

95-3251556

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

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

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | PD                       |
| NAME           | FAHRENDORF, JOSEPH B.    |
| STREET ADDRESS | 4000 KRUSE WAY PL BLDG 1 |
| CITY-ST-ZIP    | LAKE OSWEGO OR           |
| TITLE          | VPD                      |
| NAME           | DAVIS, CHRISTOPHER J.    |
| STREET ADDRESS | 3 RADNOR CORP CENTER 400 |
| CITY-ST-ZIP    | RADNOR PA                |
| TITLE          | VS                       |
| NAME           | BROWN, HERBERT H.        |
| STREET ADDRESS | 3 RADNOR CORP CENTER 400 |
| CITY-ST-ZIP    | RADNOR PA                |
| TITLE          | T                        |
| NAME           | LEE, CHARLES D           |
| STREET ADDRESS | 3 RADNOR CORP CENTER 400 |
| CITY-ST-ZIP    | RADNOR PA                |
| TITLE          | VP                       |
| NAME           | MCALLISTER, PATRICK J    |
| STREET ADDRESS | 4000 KRUSE WAY PL BLDG 1 |
| CITY-ST-ZIP    | LAKE OSWEGO OR           |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                         |                                                                              |
|--------------------|-----------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | P                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | David F. Luck                           |                                                                              |
| 1.3 STREET ADDRESS | Bldg. One, Suite 255, 4000 Kruse Way P1 |                                                                              |
| 1.4 CITY-ST-ZIP    | Lake Oswego, OR 97035                   |                                                                              |
| 2.1 TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                         |                                                                              |
| 2.3 STREET ADDRESS |                                         |                                                                              |
| 2.4 CITY-ST-ZIP    |                                         |                                                                              |
| 3.1 TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                         |                                                                              |
| 3.3 STREET ADDRESS |                                         |                                                                              |
| 3.4 CITY-ST-ZIP    |                                         |                                                                              |
| 4.1 TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                         |                                                                              |
| 4.3 STREET ADDRESS |                                         |                                                                              |
| 4.4 CITY-ST-ZIP    |                                         |                                                                              |
| 5.1 TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                         |                                                                              |
| 5.3 STREET ADDRESS |                                         |                                                                              |
| 5.4 CITY-ST-ZIP    |                                         |                                                                              |
| 6.1 TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                         |                                                                              |
| 6.3 STREET ADDRESS |                                         |                                                                              |
| 6.4 CITY-ST-ZIP    |                                         |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

*Christopher J. Davis*

Christopher J. Davis 1/25/95 610-964-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number