

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P28504** (9)

1. Corporation Name
TOSCO CORPORATION

Principal Place of Business
**72 CUMMINGS POINT ROAD
ATTN: LEGAL DEPT.
STAMFORD CT 06902
US**

Mailing Address
**2680 GLAYTON ROAD -
SUITE 1100 -
CONCORD CA 94530 - -**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1990	
21	Suite, Apt. #, etc.	26	Tosco Refining Company	4. FEI Number 95-1865716	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	Avon Refinery/Legal Dept.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Martinez, CA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	94553-1487	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	O'MALLEY, THOMAS D.	1.2 NAME	
STREET ADDRESS	72 CUMMINGS POINT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	Chief Executive Officer
NAME	O'MALLEY, THOMAS D	2.2 NAME	and Chairman of Board (not President)
STREET ADDRESS	72 CUMMINGS POINT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	President
NAME	ALLEN, JEFFERSON F	3.2 NAME	
STREET ADDRESS	72 CUMMINGS POINT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	SV	4.1 TITLE	
NAME	MCCLAVE, WILKES, III	4.2 NAME	
STREET ADDRESS	72 CUMMINGS POINT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	GROSS, ARTHUR L.	5.2 NAME	
STREET ADDRESS	4500 S 40TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	THOMAS, RAYFORD S.	6.2 NAME	
STREET ADDRESS	4500 S 40TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	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)(i), 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.

SIGNATURE:

Assistant Secretary
Arthur L. Gross

4/13/98 925/370-3625

CR2E034 (10/97)