

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90013 035 ***150.00

DOCUMENT # P28504

1. Corporation Name

TOSCO CORPORATION

Principal Place of Business

72 CUMMINGS POINT ROAD
ATTN: LEGAL DEPT.
STAMFORD CT 06902
US

Mailing Address

TOSCO REFINING COMPANY
AVON REFINERY / LEGAL DEPT
MARTINEZ CA 94553-1487
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/09/1990

4. FEI Number
95-1865716

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
O'MALLEY, THOMAS D.
STREET ADDRESS
72 CUMMINGS POINT RD.
CITY-ST-ZIP
STAMFORD CT

TITLE ☐ DELETE

NAME
O'MALLEY, THOMAS D
STREET ADDRESS
72 CUMMINGS POINT ROAD
CITY-ST-ZIP
STAMFORD CT

TITLE ☐ DELETE

NAME
ALLEN, JEFFERSON F
STREET ADDRESS
72 CUMMINGS POINT ROAD
CITY-ST-ZIP
STAMFORD CT

TITLE ☐ DELETE

NAME
MCCLAVE, WILKES, III
STREET ADDRESS
72 CUMMINGS POINT ROAD
CITY-ST-ZIP
STAMFORD CT

TITLE ☐ DELETE

NAME
GROSS, ARTHUR L.
STREET ADDRESS
4500 S 40TH STREET
CITY-ST-ZIP
PHOENIX AZ

TITLE ☐ DELETE

NAME
THOMAS, RAYFORD S.
STREET ADDRESS
4500 S 40TH STREET
CITY-ST-ZIP
PHOENIX AZ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
1500 N. Priest Drive
Tempe, AZ 85281

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
1500 N. Priest Drive
Tempe, AZ 85281

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, with all other like empowered.

SIGNATURE:

ARTHUR L. GROSS, Assistant Secretary

4/30/99

(925) 370-3625

Date

Daytime Phone #

CR2E034 (1/98)

US34689