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FILED

**Apr 30 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P32297 (4)
1. Corporation Name
SERVICE STATION HOLDINGS INC.



Principal Place of Business
**200 PUBLIC SQUARE
CLEVELAND OH 44114
US**

Mailing Address
**200 PUBLIC SQUARE
9TH FLOOR
CLEVELAND OH 44114-2301
US**

3. Date Incorporated or Qualified **12/27/1990** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **34-1535918** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 25 Country 29 Zip Country 30 Country

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 **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, by, or on printed name of the registered agent and for P applicabl (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PERCY, S. W.	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUNN, G.J.	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOWMAN, C. H.	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PURVIS, R. K.	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GENTILE, T J	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RUTIGLIANO, B.A.	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vice Pres
3.3 STREET ADDRESS	R.J. Pillari
3.4 CITY-ST-ZIP	200 Public Square
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cleveland, OH 44114
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Secretary
6.3 STREET ADDRESS	P.D. Wilbur
6.4 CITY-ST-ZIP	200 Public Square
	Cleveland, OH 44114

14. I do 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: *[Signature]* DM Senior Tax Officer 216-581-4700

CR2E034 (9/96)