

2000 UNIFORM BUSINESS REPORT (UBR)

0002160

DOCUMENT # P37043

1. Entity Name
BAYWAY REFINING COMPANY

FILED

00 MAR -3 PM 2:45

Principal Place of Business

Mailing Address

PARK AVENUE
NJ 07036

1400 PARK AVE
LINDEN NJ 07036-1610
US

[Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1331906**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WIGGINS, DWIGHT L	
STREET ADDRESS	1400 PARK AVE.	
CITY-ST-ZIP	LINDEN NJ	
TITLE	C	<input type="checkbox"/> Delete
NAME	BECKETT, STEVEN R	
STREET ADDRESS	1400 PARK AVE.	
CITY-ST-ZIP	LINDEN NJ	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HENRY, KEVIN	
STREET ADDRESS	1400 PARK AVE.	
CITY-ST-ZIP	LINDEN NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, JEFFERSON F	
STREET ADDRESS	72 CUMMINGS POINT RD	
CITY-ST-ZIP	STAMFORD CT 07036	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MCCLAVE, WILKES III	
STREET ADDRESS	72 CUMMINGS POINT RD	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'MALLEY, THOMAS DANIEL	
STREET ADDRESS	72 CUMMINGS POINT RD	
CITY-ST-ZIP	SATMFORD CT	

TITLE	700003170717	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-03/15/00--01037--010	
STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, KEVIN	
STREET ADDRESS	1500 N. PRIEST DRIVE	
CITY-ST-ZIP	TEMPE, AZ 85281	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

(908)523-5000

Date

Daytime Phone #

CR2E034 (9/99)