

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37787 (9)**

1. Corporation Name
MATERIAL AND FUEL SERVICES COMPANY



Principal Place of Business: **1000 ROSEDALE AVE STE E MIDDLETOWN PA 17057 US**
Mailing Address: **1000 ROSEDALE AVE STE E MIDDLETOWN PA 17057 US**

2. Principal Place of Business: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25** Mailing Address: **26** State, Apt. #, etc.: **27** City & State: **28** Zip: **29** County: **30**

3. Date Incorporated or Qualified: **03/06/1992** 3a. Date of Last Report: **04/28/1995**
4. FLE Number: **23-2664652** 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. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 607.0102 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 607.0506, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PETRUN, TERRY J	
STREET ADDRESS	4440 SAYBROOK LANE	
CITY-STATE-ZIP	HARRISBURG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, JOHN	
STREET ADDRESS	SALISBURY WICOMICO AIRPT	
CITY-STATE-ZIP	SALISBURY MD	
TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	STROHN, SCOTT	
STREET ADDRESS	6010 DEVONSHIRE ROAD	
CITY-STATE-ZIP	HARRISBURG PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COTTER, FRANCIS J	
STREET ADDRESS	2345 CRYSTAL DR	
CITY-STATE-ZIP	ARLINGTON VA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ARAMINI, RONALD A.	
STREET ADDRESS	7 GUNPOWDER RD.	
CITY-STATE-ZIP	MECHANICSBURG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUK, KEITH D.	
STREET ADDRESS	2345 CRYSTAL DR.	
CITY-STATE-ZIP	ARLINGTON VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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(4)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

FLORIDA DEPARTMENT OF STATE

CR2E034 (12/95)