


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90038 019 \*\*\*150.00

**DOCUMENT # P37787**

1. Entity Name  
**MATERIAL AND FUEL SERVICES COMPANY**



Principal Place of Business      Mailing Address

**1000 ROSEDALE AVE**      **1000 ROSEDALE AVE**  
**STE E**      **STE E**  
**MIDDLETOWN, PA 17057 US**      **MIDDLETOWN, PA 17057 US**

**54013582**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02162004    Chg-P    CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For

**23-2664652**       Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	PETRUN, TERRY	
STREET ADDRESS	4440 SAYBROOK LANE	
CITY-ST-ZIP	HARRISBURG, PA 17110	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEARNARD, JOHN	
STREET ADDRESS	5443 AIRPORT TERMINAL RD	
CITY-ST-ZIP	SALISBURY, MD 21804	
TITLE	VPF	<input type="checkbox"/> Delete
NAME	STROHM, SCOTT	
STREET ADDRESS	6269 WITHERS ROAD	
CITY-ST-ZIP	HARRISBURG, PA 17112	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCDUGLE, JEFFERY	
STREET ADDRESS	4019 KLOMAN ST	
CITY-ST-ZIP	ANNANDALE, VA 22003	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGAREY, JENNIFER	
STREET ADDRESS	8261 TOLL HOUSE ROAD	
CITY-ST-ZIP	ANNANDALE, VA 22003	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, NEAL	
STREET ADDRESS	2345 CRYSTAL DRIVE	
CITY-ST-ZIP	ARLINGTON, VA 22227	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Dave	
STREET ADDRESS	2345 Crystal Drive	
CITY-ST-ZIP	Arlington, VA 22227	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Houk, Keith	
STREET ADDRESS	110 Pelham Rd	
CITY-ST-ZIP	Camp Hill, PA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pfenning, Richard	
STREET ADDRESS	3400 Terminal Dr.	
CITY-ST-ZIP	Vandalia, OH 45377	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scheeringa, S. Michael	
STREET ADDRESS	2345 Crystal Dr.	
CITY-ST-ZIP	Arlington, VA 22227	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **2/25/04**      **(717)948-5502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #