
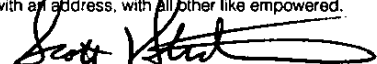


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90084 004 ***150.00

DOCUMENT # P37787					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRUN, TERRY		NAME	Petrun, Terry	
STREET ADDRESS	4440 SAYBROOK LANE		STREET ADDRESS	1000 Rosedale Ave	
CITY-ST-ZIP	HARRISBURG, PA 17110		CITY-ST-ZIP	Middletown, PA 17057	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOONT, BRIAN		NAME	Carolyn Ray	
STREET ADDRESS	2345 CRYSTAL DR		STREET ADDRESS	2345 Crystal Drive	
CITY-ST-ZIP	ARLINGTON, VA 22227		CITY-ST-ZIP	Arlington, VA 22227	
TITLE	VPF	<input type="checkbox"/> Delete	TITLE	VPF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROHM, SCOTT		NAME	Strohm, Scott	
STREET ADDRESS	6269 WITHERS ROAD		STREET ADDRESS	1000 Rosedale Ave	
CITY-ST-ZIP	HARRISBURG, PA 17112		CITY-ST-ZIP	Middletown, PA 17057	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUK, KEITH		NAME	Houk, Keith	
STREET ADDRESS	110 PELHAM RD		STREET ADDRESS	3400 Terminal Dr.	
CITY-ST-ZIP	CAMPBILL, PA		CITY-ST-ZIP	Vandalia, OH 45377	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGAREY, JENNIFER		NAME	Derek Kerr	
STREET ADDRESS	8261 TOLL HOUSE ROAD		STREET ADDRESS	111 W. Rio Salado Parkway	
CITY-ST-ZIP	ANNANDALE, VA 22003		CITY-ST-ZIP	Tempe, AZ 85281	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, DAVE		NAME	Stephen R. Farrow	
STREET ADDRESS	2345 CRYSTAL DRIVE		STREET ADDRESS	5443 Airport Terminal Rd	
CITY-ST-ZIP	ARLINGTON, VA 22227		CITY-ST-ZIP	Salisbury, MD 21804-1545	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 1/27/06		Daytime Phone #: (717) 948-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #