
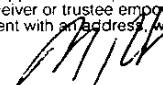


**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90007 023 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P37787</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 23-2664652	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRUN, TERRY		NAME		
STREET ADDRESS	1000 ROSEDALE AVE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN, PA 17057		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, CAROLYN		NAME	Ray, Carolyn B.	
STREET ADDRESS	2345 CRYSTAL DR		STREET ADDRESS	111 West Rio Salado Parkway	
CITY-ST-ZIP	ARLINGTON, VA 22227		CITY-ST-ZIP	Tempe, AZ 85281	
TITLE	VPF	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROHM, SCOTT		NAME		
STREET ADDRESS	1000 ROSEDALE AVE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN, PA 17057		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUK, KEITH		NAME		
STREET ADDRESS	3400 TERMINAL DR		STREET ADDRESS		
CITY-ST-ZIP	VANDALIA, OH 45377		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, DEREK		NAME	Kerr, Derek J.	
STREET ADDRESS	111 W RIO SALADO PKWY		STREET ADDRESS	111 West Rio Salado Parkway	
CITY-ST-ZIP	TEMPE, AZ 85281		CITY-ST-ZIP	Tempe, AZ 85281	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARROW, STEPHEN		NAME		
STREET ADDRESS	5443 AIRPORT TERMINAL RD		STREET ADDRESS		
CITY-ST-ZIP	SALISBURY, MD 218041545		CITY-ST-ZIP		
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: 		Terry J. Petrun		2/7/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 717-948-5502	

40015704



01292007 Chg-P CR2E034 (12/06)

Applied For

Not Applicable

\$8.75 Additional Fee Required

FL

Zip Code

(NOTE: Registered Agent signature required when reinstating)

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After May 1, 2007 Fee will be \$550.00**

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SIGNATURE:  Terry J. Petrun 2/7/07 717-948-5502  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #