
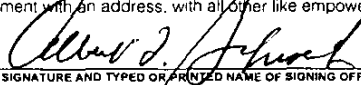


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90049 033 \*\*\*150.00

<b>DOCUMENT # P37787</b>					
1. Entity Name <b>MATERIAL AND FUEL SERVICES COMPANY</b>					
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		4. FEI Number <b>23-2664652</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, CAROLYN		NAME		
STREET ADDRESS	111 W. RIO SALADO PKWY		STREET ADDRESS		
CITY-ST-ZIP	TEMPE, AZ 85281		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, DEREK		NAME		
STREET ADDRESS	111 W RIO SALADO PKWY		STREET ADDRESS		
CITY-ST-ZIP	TEMPE, AZ 85281		CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Delete	TITLE	VPF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Albert F. Schrock	
STREET ADDRESS			STREET ADDRESS	1000 Rosedale Ave - Ste E	
CITY-ST-ZIP			CITY-ST-ZIP	Middletown, PA 17057	
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: 1/16/08		Daytime Phone #: (717) 948-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #