## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P37787  1. Entity Name MATERIAL AND FUEL SERVICES COMPANY					00049 033 ***150.	
Principal Place of Business	Mailing Address		<b>~</b> • • • • • • • • • • • • • • • • • • •			
1000 ROSEDALE AVE 1000 ROSEDALE AVE						
STE E STE E STE E MIDDLETOWN, PA 17057 US MIDDLETOWN, PA 17057		57 US				
MIDDLETOWN, FA 17037 03	WIDDELTOWN, TA 1703					
Principal Place of Business - No P.O. Box #     3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01152008	Chg-P	CR2E034 (12/06)	
City & State	City & State		4. FEI Number 23-26646	 652	<del> </del>	plied For t Applicable
Zip Country	Zip	Country	5. Certificate of	Status Desired	S8.75 Add	
6. Name and Address of Currer	nt Registered Agent		7. Name and A	ddress of New F	Registered Agent	
		Name	Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION, FL 33324						
		City			FL Zip Coo	ie
8. The above named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both	, in the State of FI	lorida. I am familiar with,	and accept
the obligations of registered agent.						
SIGNATURE Signature, typeg or printed name of registered ago	anj and little if applicabilit. (NOTE	. Registered Agent signature regi	(Deterance nedw heres		DATE	
			(Circo wines to discount)		D1116	
			(all de wild in a line wild in a lin			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$55(	9. Election Campai Trust Fund Conti	gn Financing	\$5.00 May Be Added to Fees			
After May 1, 2008 Fee will be \$550		gn Financing	\$5.00 May Be Added to Fees	HANGES TO OF	FICERS AND DIRECTOR	S IN 11
After May 1, 2008 Fee will be \$550  10. OFFICERS AN  TITLE VP	).00 Trust Fund Conti	ign Financing	\$5.00 May Be Added to Fees	CHANGES TO OF		S IN 11
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

(717) 948-5502