

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004773

**Entity Name:** IRVING OIL TERMINALS INC.

**Current Principal Place of Business:**

190 COMMERCE WAY  
PORTSMOUTH, NH 03801

**Current Mailing Address:**

190 COMMERCE WAY  
ATTN: U.S. LEGAL AFFAIRS  
PORTSMOUTH, NH 03801

**FEI Number:** 04-3430664

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           HOWELL, WILLIAM J  
Address        190 COMMERCE WAY  
City-State-Zip: PORTSMOUTH NH 03801

Title           DIRECTOR  
Name           POITRAS, GREGORY B  
Address        190 COMMERCE WAY  
City-State-Zip: PORTSMOUTH NH 03801

Title           PRESIDENT  
Name           WHITCOMB, IAN  
Address        10 KING SQUARE SOUTH  
City-State-Zip: SAINT JOHN E2L 0G3

Title           VP  
Name           GILLIS, DARREN  
Address        10 KING SQUARE SOUTH  
City-State-Zip: SAINT JOHN E2L 0G3

Title           EXECUTIVE VICE PRESIDENT  
Name           IRVING, SARA J.  
Address        10 KING SQUARE SOUTH  
City-State-Zip: SAINT JOHN E2L 0G3

Title           DIRECTOR  
Name           MCLAUGHLIN, TYLER  
Address        190 COMMERCE WAY  
City-State-Zip: PORTSMOUTH NH 03801

Title           TREASURER  
Name           MACGILLIVRAY, JIM  
Address        10 KING SQUARE SOUTH  
City-State-Zip: SAINT JOHN NB E2L 0G3

Title           SECRETARY  
Name           LAIDLAW, JOHN D.  
Address        10 KING SQUARE SOUTH  
City-State-Zip: SAINT JOHN NB E2L 0G3

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREGORY B. POITRAS

**DIRECTOR**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date