

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000000462

Entity Name: LEHIGH GAS WHOLESALE SERVICES, INC.**Current Principal Place of Business:**645 W. HAMILTON STREET
SUITE:400
ALLENTOWN, PA 18101**Current Mailing Address:**645 W. HAMILTON STREET
SUITE:400
ALLENTOWN, PA 18101 US**FEI Number:** 90-0792945**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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	HRINAK, DAVID
Address	645 W. HAMILTON STREET, STE:400
City-State-Zip:	ALLENTOWN PA 18101

Title	DIRECTOR, PRESIDENT
Name	NIFONG, JR., CHARLES M
Address	645 W. HAMILTON STREET, STE:400
City-State-Zip:	ALLENTOWN PA 18101

Title	CFO
Name	TOPPER, MAURA
Address	645 W. HAMILTON STREET SUITE:400
City-State-Zip:	ALLENTOWN PA 18101

Title	CORPORATE SECRETARY
Name	CASEY-BEST, CHRISTINA
Address	645 W. HAMILTON STREET SUITE:400
City-State-Zip:	ALLENTOWN PA 18101

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: CASEY-BEST , CHRISTINA**CORPORATE
SECRETARY****04/05/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date