

FILED

Feb 07, 2005 08:00 AM
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F93000005584

1. Entity Name
CIRCLE K STORES INC.

Principal Place of Business

1500 N PRIST DRIVE
TEMPE, AZ 85281 US

Mailing Address

PO BOX 52085
LICENSING DC-36
PHOENIX, AZ 85072 US

02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
74-1149540Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	HANNASCH, BRIAN
STREET ADDRESS	1500 N PRIEST DRIVE
CITY - ST - ZIP	TEMPE, AZ 85281
TITLE	VO
NAME	PARKER, CHARLES M
STREET ADDRESS	12911 TELECOM PARK
CITY - ST - ZIP	TAMPA, FL 33637
TITLE	AS
NAME	KWIATKOWSKI, KIM
STREET ADDRESS	1500 N. PRIEST DR.
CITY - ST - ZIP	TEMPE, AZ 85281
TITLE	TAS
NAME	MURPHY, PAUL
STREET ADDRESS	1500 N. PRIEST DR.
CITY - ST - ZIP	TEMPE, AZ 85281
TITLE	VP
NAME	HAXEL, GEOFFREY C
STREET ADDRESS	1500 N. PRIEST DR.
CITY - ST - ZIP	TEMPE, AZ 85281
TITLE	VP
NAME	CAMPAU, ROBERT G
STREET ADDRESS	2440 WHITEHALL PARK DRIVE #800
CITY - ST - ZIP	CHARLOTTE, NC 28273

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02/07/05-80017-009 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 endorsements.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #