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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005584

1. Corporation Name
CIRCLE K STORES INC.

Principal Place of Business	Mailing Address
~~3003 N. CENTRAL 17TH FLOOR~~ ~~PHOENIX AZ 85012~~	P.O. BOX 52085 PHOENIX AZ 85072 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1500 N. PRIEST DR Suite, Apt. #, etc. 22 City & State 23 TEMPE, AZ Zip / Country 24 85281 25	2a. Mailing Address 26 P.O. Box 52085 Suite, Apt. #, etc. 27 City & State 28 PHOENIX AZ Zip / Country 29 85072 30

3. Date Incorporated or Qualifed: 12/08/1993

4. FEI Number: 74-1149540 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAVINIA, ROBERT J	1.2 NAME	
STREET ADDRESS	6020 NAUMANN	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARADISE VALLEY AZ 85253	1.4 CITY-ST-ZIP	
TITLE	SVPC ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REINKEN, RICHARD W	2.2 NAME	
STREET ADDRESS	8701 N. 64TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARADISE VALLEY AZ	2.4 CITY-ST-ZIP	
TITLE	VPS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STERRETT, JOEL A	3.2 NAME	
STREET ADDRESS	8113 W. APPALOOSA TR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	3.4 CITY-ST-ZIP	
TITLE	SRVP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, DAVID	4.2 NAME	
STREET ADDRESS	25939 N. 104TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85255	4.4 CITY-ST-ZIP	
TITLE	VPAS ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, DAVID E	5.2 NAME	
STREET ADDRESS	2465 E. DRAKE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GILBERT AZ 85234	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOEL A STERRETT 4-23-99 602-728-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)