

1.) CORPORATION NAME:

**HESS MART, INC.**

DUE DATE: **1/31/2012**

SCC ID NO: **F0472003**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1209 ORANGE ST

CITY/ST/ZIP: WILMINGTON, DE 19801-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: F. BORDEN WALKER  
TITLE: PRESIDENT  
ADDRESS: ONE HESS PLAZA  
CITY/ST/ZIP/CO: WOODBRIDGE, NJ 07095-

OFFICER

DIRECTOR

NAME: TIMOTHY B. GOODELL  
TITLE: VICE PRESIDENT  
ADDRESS: 1185 AVENUE OF THE AMERICAS  
CITY/ST/ZIP/CO: NEW YORK, NY 10036-

OFFICER

DIRECTOR

NAME: RICHARD J. LAWLOR  
TITLE: VICE PRESIDENT  
ADDRESS: ONE HESS PLAZA  
CITY/ST/ZIP/CO: WOODBRIDGE, NJ 07095-

OFFICER

DIRECTOR

NAME: JAMES DEROGATIS  
TITLE: ASST SECRETARY  
ADDRESS: ONE HESS PLAZA  
CITY/ST/ZIP/CO: WOODBRIDGE, NJ 07095-

OFFICER

DIRECTOR

NAME: TERRY B. GARCIA  
TITLE: ASST SECRETARY  
ADDRESS: 1185 AVENUE OF THE AMERICAS  
CITY/ST/ZIP/CO: NEW YORK, NY 10036-

OFFICER

DIRECTOR

NAME: THOMAS THACKSTON TITLE: ASST SECRETARY ADDRESS: ONE HESS PLAZA CITY/ST/ZIP/CO: WOODBRIDGE, NJ 07095-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GAIL B. THOSTESEN TITLE: ASST SECRETARY ADDRESS: ONE HESS PLAZA CITY/ST/ZIP/CO: WOODBRIDGE, NJ 07095-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ERIC FISHMAN TITLE: ASST TREASURER ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LAWRENCE H. ORNSTEIN TITLE: DIRECTOR ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER BALDWIN TITLE: DIRECTOR ADDRESS: ONE HESS PLAZA CITY/ST/ZIP/CO: WOODBRIDGE, NJ 07095-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE C. BARRY TITLE: SECRETARY ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT M. BIGLIN TITLE: TREASURER ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ GAIL B. THOSTESEN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GAIL B. THOSTESEN, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
1/9/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	