

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90289 046 \*\*\*150.00

**DOCUMENT # 822718**  
 1. Entity Name  
**PATRICK INDUSTRIES, INC.**

Principal Place of Business P O BOX 638 1800 S. 14TH ST. ELKHART IN 46516-2275	Mailing Address P O BOX 638 1800 S. 14TH ST. ELKHART IN 46516-2275
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>35-1057796</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNISPEN, MERLIN	
STREET ADDRESS	900 E WOBASY AVE	
CITY-ST-ZIP	HAPPANEE IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNG, DOROTHY M	
STREET ADDRESS	1334 W WOLF AVE	
CITY-ST-ZIP	ELKHART IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIMMINS, ROBERT C	
STREET ADDRESS	611 EISENHauer	
CITY-ST-ZIP	GRAND JUNCTION CO	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYLAND, HAROLD E	
STREET ADDRESS	1800 SOUTH 14TH	
CITY-ST-ZIP	ELKHART IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDERMOTT, JOHN	
STREET ADDRESS	1800 S 14TH STREET	
CITY-ST-ZIP	ELKHART, IND 0	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUNG, DAVID D.	
STREET ADDRESS	1800 S. 14TH ST.	
CITY-ST-ZIP	ELKHART IN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANKEA KEITH V	
STREET ADDRESS	1800 SOUTH 14TH	
CITY-ST-ZIP	ELKHART IN 46516 2275	
TITLE	C D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNG MERVIN D	
STREET ADDRESS	5020 LINCOLN WAY EAST	
CITY-ST-ZIP	MISHAWAKA IN 46544	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAER THOMAS G.	
STREET ADDRESS	605 GREEN DRIVE	
CITY-ST-ZIP	DOWAGIAC MI 49049	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN TERRENCE D	
STREET ADDRESS	3640 CLIFF DRIVE	
CITY-ST-ZIP	BAY HARBOR MI 49770	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDON R. LYNN	
STREET ADDRESS	2024 EAST JACOBSON BLVD	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RZEPKA ALAN M.	
STREET ADDRESS	50721 LITTLE JOHN LANE	
CITY-ST-ZIP	GRANGER IN 46530	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith Kanke N.P. FINANCE - SEC. TREASURER - 294-7511  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 JAN 17-2001

CR2E034 (10/00)