

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90011 040 \*\*\*150.00

0597576

**DOCUMENT # 852207**

1. Entity Name  
**ZODIAC OF NORTH AMERICA, INC.**

Principal Place of Business  
**THOMPSON CREEK RD.**  
**STEVENSVILLE MD 21666**  
**US**

Mailing Address  
**540 THOMPSON CREEK RD.**  
**STEVENSVILLE MD 21666**

**921092**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**540 THOMPSON CREEK RD.**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-0906929**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST, SUITE 105**  
**TALLAHASSEE FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P**  Delete  
 NAME **MARIE, JEAN-JACQUES**  
 STREET ADDRESS **THOMPSON CREEK RD**  
 CITY-ST-ZIP **STEVENSVILLE MD 21666**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **540 THOMPSON CREEK Rd.**  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **FRENCH, HOWARD T.**  
 STREET ADDRESS **THOMPSON CREEK RD.**  
 CITY-ST-ZIP **STEVENSVILLE MD**

TITLE **ST**  Change  Addition  
 NAME **RUSSELL LEE MARKS**  
 STREET ADDRESS **540 THOMPSON CREEK Rd.**  
 CITY-ST-ZIP **STEVENSVILLE, MD 21666**

TITLE **D**  Delete  
 NAME **PINAULT, MAURICE**  
 STREET ADDRESS **540 THOMPSON CREEK ROAD**  
 CITY-ST-ZIP **STEVENSVILLE MD**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **21666**

TITLE **D**  Delete  
 NAME **WORTHINGTON, GEORGE R**  
 STREET ADDRESS **540 THOMPSON CREEK RD.**  
 CITY-ST-ZIP **STEVENSVILLE MD**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **21666**

TITLE **D**  Delete  
 NAME **FOLEY, WILLIAM R.**  
 STREET ADDRESS **540 THOMPSON CREEK RD.**  
 CITY-ST-ZIP **STEVENSVILLE MD**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **21666**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **RUDY K. PESCHEL**  
 STREET ADDRESS **540 THOMPSON CREEK Rd.**  
 CITY-ST-ZIP **STEVENSVILLE, MD 21666**

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: Russell Lee Marks **RUSSELL LEE MARKS SECRETARY/TREASURER** 1/23/01 410-643-4141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

**ATTENTION!!!!  
ADDRESS CHANGE.**

ZODIAC OF NORTH AMERICA  
540 THOMPSON CREEK ROAD  
STEVENSVILLE, MD 21666

WE WILL NO LONGER BE USING P.O. BOX 400  
PLEASE CORRECT YOUR RECORDS

THANK YOU  
ZODIAC OF NORTH AMERICA.

Attachment  
921092  
# 814420