

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90006 049 ***150.00

DOCUMENT # F96000002390

1. Entity Name

TITAN DISTRIBUTION, INC.

Principal Place of Business

2701 SPRUCE ST
QUINCY IL 62301

Mailing Address

2701 SPRUCE ST
QUINCY IL 62301

655663

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

42-1444713

Applied For

Not Applicable

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALASYN, BILL
1201 OLD HOWELL RD #9
TAMPA FL 33619

Name

DIONNE ESNOUGH

Street Address (P.O. Box Number is Not Acceptable)

1201 OLD HOPEWELL ROAD, SUITE 9

City

TAMPA

FL

Zip Code

33619

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

Signature of Dionne Esnough

4/18/00

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

(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)

Input box

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

Input box

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

Table with columns for Title, Name, Street Address, City-ST-ZIP, and Delete checkbox. Includes entries for Taylor, Maurice M Jr and Hackamack, Kent W.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with columns for Title, Name, Street Address, City-ST-ZIP, Change checkbox, and Addition checkbox.

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...

SIGNATURE:

Signature of signing officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

APR-24-00

DAYTIME PHONE #

217-228-6011

CR2E034 (9/99)