

**2002 UNIFORM BUSINESS REPORT (UBR)**

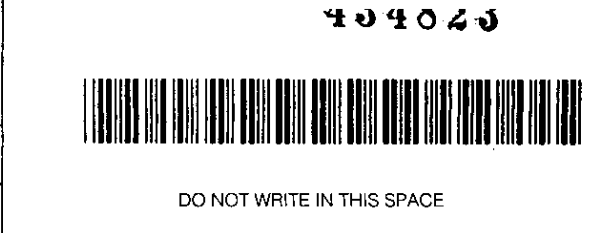
**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91524 019 \*\*\*150.00

05/28/02 AT

**DOCUMENT # F97000003832**  
 1. Entity Name  
**GRAHAM-FIELD, INC.**

Principal Place of Business Mailing Address  
**81 SPENCE STREET 81 SPENCE STREET**  
**BAYSHORE NY 11706 BAYSHORE NY 11706**

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



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

4. FEI Number **11-1820299** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
**7. Name and Address of New Registered Agent**  
 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.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO HILTON, DAVID 81 SPRUCE STREET BAYSHORE NY 11706</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO JOFFRED, MICHAEL 81 SPRUCE STREET BAYSHORE NY 11706</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP- DE LE HABA, LARRY 81 SPRUCE STREET BAYSHORE NY 11706</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPM MEALEY, BOB 81 SPRUCE STREET BAYSHORE NY 11706</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WINOCUR, PETER 81 SPRUCE STREET BAYSHORE NY 11706</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OPLADEN, THOMAS 81 SPRUCE STREET BAYSHORE NY 11706</b>	<input checked="" type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<i>(see attached)</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *W. Gary Carsey* **W. Gary Carsey** **4/23/02** **678-291-3338**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)

**CORPORATE OFFICERS**  
**2935 Northeast Parkway**  
**Atlanta, GA 30360**

434823  
Attachment  
#F97000003832

NAME	800.347.5678 TITLE
Michael A. Joffred	President & CEO
Michael Alan Crouch	COO Chief Operating Officer & Executive Vice President
Wyane Cersey	CFO
Cherie L. Antoniazzi (Sanderson)	Board Director and SR. VP of HR