

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90034 040 \*\*\*150.00

**DOCUMENT # F97000005883**

1. Entity Name  
**RTI TECHNOLOGIES, INC.**

Principal Place of Business <b>PO BOX 3099 YORK PA 17402</b>	Mailing Address <b>PO BOX 3099 YORK PA 17402-0099</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>23-2596288</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>KNUDSEN, HANS</b> <b>AUGUSTENBORG LANDEVEJ 19</b> <b>DK-6400 SONDERBORG, DENMARK</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN OF BOARD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PETER RATHJE</b> <b>AUGUSTENBORG LANDEVEJ 19</b> <b>DK-6400 SONDERBORG, DENMARK</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STROUT, D. WAYNE</b> <b>2901 SKYTOP TRAIL</b> <b>DOVER PA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP OF MARKETING</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JAMES E. MARKUE</b> <b>1122 HANOVER RD.</b> <b>YORK, PA 17404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHOENFELD, LESTER</b> <b>4 NEW KING ST.</b> <b>WHITE PLAINS NY 10604</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VINARSKI, JAMES A</b> <b>25 S. YALE ST.</b> <b>YORK PA 17403</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CRANDALL, THOMAS L</b> <b>855 WOODBRIDGE RD.</b> <b>YORK PA 17402</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BEAVERSON, DENNIS M</b> <b>3915 FARM DR.</b> <b>YORK PA 17402</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Dennis M. Beaversan* VP/CEO **DENNIS M. BEAVERSON** 1/19/00 717-840-0678  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #