## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am DOCUMENT # F98000005102 **Secretary of State** 1. Entity Name 02-11-2002 90165 006 \*\*\*150 00 MUL-T-LOCK USA, INC. Principal Place of Business Mailing Address 300-1 ROUTE 17 SOUTH, SUITE A 300-1 ROUTE 17 SOUTH, SUITE A LODI NJ 07644 LODI NJ 07644 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1668607 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME ZUI, YANI V STREET ADDRESS STREET ADORESS 300-1 ROUTE 17 SOUTH, SUITE A CITY-ST-ZIP CITY-ST-ZIP **LODI NJ 07644** Change Addition TITLE ☐ Delete TITLE NAME WEISENFIELD. FACHI STREET ADDRESS STREET ADDRESS 300-1 RT 17 SOUTH CITY-ST-ZIP CITY-ST-ZIP **LODI NJ 07644** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP

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:

**FILED**