

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005493

1. Entity Name
THE CONAIR GROUP, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90115 001 ***150.00

Principal Place of Business Mailing Address
ONE CONAIR DR **ONE CONAIR DR**
PITTSBURGH PA 15202 **PITTSBURGH PA 15202-1706**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 25-1514119		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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) <input checked="" type="checkbox"/>	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 type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMPHREY JR, G W		NAME		
STREET ADDRESS	20 STANWIX STREET, STE 620		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENYON, E N		NAME		
STREET ADDRESS	ONE CONAIR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIORDAN, ROBERT W		NAME		
STREET ADDRESS	ONE CONAIR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		CITY-ST-ZIP		
TITLE	VT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'SULLIVAN, EUGENE J		NAME		
STREET ADDRESS	ONE CONAIR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		CITY-ST-ZIP		
TITLE	AST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARI, CHARLES		NAME		
STREET ADDRESS	ONE CONAIR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTENFALT, PETER		NAME		
STREET ADDRESS	ONE CONAIR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		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: *Eugene J O'Sullivan* **REQUIRED** Date: 4/24/00 Daytime Phone #: 412-312-6256

CR2E034 (9/99)