

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F99000002385**

1. Entity Name  
**FULLER COMPANY**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90088 013 \*\*\*150.00

Principal Place of Business      Mailing Address  
**2040 AVE. C**      **2040 AVE. C**  
**BETHLEHEM PA 18017-2188**      **BETHLEHEM PA 18017-2118**

00040100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>23-0606560</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)		
TITLE	<b>C</b>	<input type="checkbox"/> Delete	TITLE	<b>Chairman of the Board</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBSEN, IB</b>		NAME	<b>Lyngsie, Kai</b>	
STREET ADDRESS	<b>2040 AVE. C</b>		STREET ADDRESS	<b>2040 Avenue C</b>	
CITY-ST-ZIP	<b>BETHLEHEM PA 18017-2188</b>		CITY-ST-ZIP	<b>Bethlehem, PA 18017-2188</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GATES, ELMER D</b>		NAME	<b>Donahue, Thomas</b>	
STREET ADDRESS	<b>83 SOUTH COMMERCE WAY</b>		STREET ADDRESS	<b>2040 Avenue C</b>	
CITY-ST-ZIP	<b>BETHLEHEM PA 18017</b>		CITY-ST-ZIP	<b>Bethlehem, PA 18017-2188</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNGSIE, KAI</b>		NAME		
STREET ADDRESS	<b>2040 AVE. C</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BETHLEHEM PA 18017-2188</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEPSEN, CHRISTIAN</b>		NAME		
STREET ADDRESS	<b>2040 AVE. C</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BETHLEHEM PA 18017-2188</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALOGNA, JOHN A</b>		NAME		
STREET ADDRESS	<b>2040 AVE. C</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BETHLEHEM PA 18017-2188</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHABIN, KEVIN</b>		NAME		
STREET ADDRESS	<b>2040 AVE. C</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BETHLEHEM PA 18017-2188</b>		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:** **Christian Jepsen, Vice President** **20 March 2000** (610) **264-6989**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)