

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90395 026 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F9900003555**  
 1. Entity Name  
 PUNXSY MACHINE COMPANY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business PO BOX 351 ELK RUN RD Suite, Apt. #, etc.	3. Mailing Address PO BOX 351 ELK RUN RD Suite, Apt. #, etc.
--	--

City & State PUNXSUTAWNEY, PA	City & State PUNXSUTAWNEY, PA
Zip 15767	Zip 15767
Country USA	Country USA

4. FEI Number 25-1706519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CT-CORPORATION	Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD
City PLANTATION	FL Zip Code 33324

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: <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--	---

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD NEAL, JOSEPH ELK RUN ROAD PUNXSUTAWNEY, PA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SMITH, CHAD ELK RUN ROAD PUNXSUTAWNEY, PA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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 an attachment with an address, with all other like empowered.

SIGNATURE: Joe Neal **JOE NEAL** 5-1-02 814-938-6702  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0345 (12/01)