

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90150 031 \*\*\*150.00

**DOCUMENT # P04219**

1. Entity Name

**ARDEX, INC.**

Principal Place of Business

Mailing Address

1155 STOOPS FERRY RD  
 CORAOPOLIS PA 15108-9629  
 US

1155 STOOPS FERRY RD  
 CORAOPOLIS PA 15108-8920  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**25-1338456**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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**

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

Signature, typed or printed name of registered agent and title if applicable

(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.

**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	PD	<input type="checkbox"/> Delete
NAME	GUNDLACH, DIETR	
STREET ADDRESS	POSTFACH 6120 D.5810	
CITY-ST-ZIP	WITTEN, W. GERMANY	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLLER, HERBERT	
STREET ADDRESS	1155 STOOPS FERRY RD	
CITY-ST-ZIP	CORAOPOLIS PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEVIN, HUGH	
STREET ADDRESS	600 GRANT ST., 5TH FLOOR	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANGELO, LORI PIETSCH	
STREET ADDRESS	1155 STOOPS FERRY RD	
CITY-ST-ZIP	CORAOPOLIS P	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILLECKE, JOAHEN	
STREET ADDRESS	FRIEDRICH-EBERT-STR.45	
CITY-ST-ZIP	WITTEN, W. GERMANY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALL, REINHARD	
STREET ADDRESS	FRIEDRICH-EBERT ST 45	
CITY-ST-ZIP	WITTEN GE	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)