

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90063 017 \*\*\*158.75

06/16/02 AV

**DOCUMENT # P40830**

**1. Entity Name**  
**HUNTER DOUGLAS FABRICATION COMPANY**

**Principal Place of Business**  
 3001 GATEWAY CENTER PKWY  
 PINELLAS PARK FL 33782  
 US

**Mailing Address**  
 P O BOX 30  
 ST. PETERSBURG FL 33780  
 US

92884



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 P.O. box 30  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 Pinellas Park, Florida

**Zip**  
 33780

**Country**

**4. FEI Number** 95-2888320

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ (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.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HORKINS, MARVIN</b> 2 PARKWAY RT 7 SOUTH SADDLE RIVER NJ	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, SCOTT</b> 2 PARKWAY & RTE 17 SOUTH UPPER SADDLE RVR NJ	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MEHRA, AJIT</b> 2 PARKWAY & RTE 17 SOUTH UPPER SADDLE RVR NJ	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SGC</b> <b>PARNASS, GEOFF</b> 2 PARKWAY & RTE 17 SOUTH UPPER SADDLE RVR NJ	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>KAHN, GORDON</b> 2 PARKWAY RT 17 SOUTH UPPER SADDLE RIVER NJ	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SGC</b> <b>RICHARD GOTTUSO</b> (SAME ADDRESS)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *SIG Gordon Kahn, CFO* **Controller** **4/24/02** **727-803 4540**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

*Gordon Kahn* **GORDON KAHN, CFO** **6/7/02** **201-760-4233**

CR2E034 (9/01)