

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000185

1. Entity Name

RAILROAD DISTRIBUTION SERVICES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90109 032 ***150.00

Principal Place of Business

Mailing Address

BARTOW MUNICIPAL AIRPORT
HWY 17 N. BLDG 405
BARTOW FL 33830
US

53 SOUTHAMPTON ROAD
WESTFIELD MA 01085-1371
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hwy 17 N Bldg 304

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1358289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 105
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.
(See criteria on back) ☐

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 PTD ☐ Delete
NAME SILVER, MARJORIE P.
STREET ADDRESS 419 SOUTHWICK RD. E20
CITY-ST-ZIP WESTFIELD MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME LEVINE, JOHN P.
STREET ADDRESS 1157 FLORENCE RD
CITY-ST-ZIP NORTHAMPTON MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMITH, ROBERT G.
STREET ADDRESS 419 SOUTHWICK RD E20
CITY-ST-ZIP WESTFIELD MA

TITLE ☐ Change ☒ Addition
NAME Reed, John
STREET ADDRESS Mestek, Inc. 260 North Elm Street
CITY-ST-ZIP Westfield, MA 01085

TITLE D ☐ Delete
NAME FILLER, J. NICHOLAS E
STREET ADDRESS 455 MATTHEWS RD
CITY-ST-ZIP CONWAY MA 01341

TITLE ☐ Change ☒ Addition
NAME Hartwell, Keith
STREET ADDRESS 122 C Street NW, Suite 850
CITY-ST-ZIP Washington, DC 20001

TITLE D ☒ Delete
NAME LEDERMAN, LOUIS L.
STREET ADDRESS ONE FINANCIAL CENTER
CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☒ Addition
NAME Levine, Anne L.
STREET ADDRESS 81 Intervale Road
CITY-ST-ZIP Newton Center, MA

TITLE D ☐ Delete
NAME LA PLANTE, L. DOUGLAS
STREET ADDRESS BANK OF BOSTON, 1350 MAIN ST
CITY-ST-ZIP SPRINGFIELD MA 01103

TITLE ☐ Change ☐ 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:

M.P. Silver
M.P. Silver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 2000 (413)568-6426

Date

Daytime Phone #

CR2E034 (9/99)