

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04219

1. Entity Name

ARDEX, INC.

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

05-15-2000 90150 031 ***150.00

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

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.
(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 ☐ Delete
NAME PD
STREET ADDRESS GUNDLACH, DIETRICH
CITY-ST-ZIP POSTFACH 6120 D.5810
WITTEN, W. GERMANY

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

TITLE ☐ Delete
NAME GOLLER, HERBERT
STREET ADDRESS 1155 STOOPS FERRY RD
CITY-ST-ZIP CORAOPOLIS PA

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

TITLE ☐ Delete
NAME NEVIN, HUGH
STREET ADDRESS 600 GRANT ST., 5TH FLOOR
CITY-ST-ZIP PITTSBURGH PA

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

TITLE ☐ Delete
NAME ANGELO, LORI PIETSCH
STREET ADDRESS 1155 STOOPS FERRY RD
CITY-ST-ZIP CORAOPOLIS P

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

TITLE ☐ Delete
NAME BILLECKE, JOAHEN
STREET ADDRESS FRIEDRICH-EBERT-STR.45
CITY-ST-ZIP WITTEN, W. GERMANY

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

TITLE ☒ Delete
NAME BALL, REINHARD
STREET ADDRESS FRIEDRICH-EBERT ST 45
CITY-ST-ZIP WITTEN GE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)