## 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am DOCUMENT # F0000002971 Secretary of State NABS - NORTH AMERICAN BOLT & SCREW, INC. 02-28-2001 90026 008 \*\*\*150.00 Principal Place of Business Mailing Address 41 WORTH STREET 41 WORTH STREET NEW YORK NY 10013 NEW YORK NY 10013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-5617275 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zin 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete ☐ Change Addition LAUFER, JACOB NAME STREET ADDRESS 41 WORTH STREET STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10013 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change Addition NAME LAUFER, WILLIAM S NAME STREET ADDRESS 41 WORTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10013 TITLE ☐ Delete TITLE Change Addition NAME LAUFER, EDITH NAME STREET ADDRESS 41 WORTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10013** ☐ Delete TITLE Change Addition NAME LAUFER, SAMUEL P STREET ADDRESS 41 WORTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10013 Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition

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 alliother like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Samuel P. Layfer 2/27/01

Daytime Phone #