

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90230 012 \*\*\*150.00

05/19/02 AT

**DOCUMENT # F94000002907**

1. Entity Name,  
**HPG INTERNATIONAL, INC.**

Principal Place of Business

**200 COTTONTAIL LN.  
PO. BOX 6818  
SOMERSET NJ 08873**

Mailing Address

**PO BOX 6818  
SOMERSET NJ 08875-6818**

2. Principal Place of Business

**755 Oakhill Road**

3. Mailing Address

**755 Oakhill Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Crestwood Industrial Park**

**Crestwood Industrial Park**

City & State

**Mountaintop PA**

City & State

**Mountaintop, PA**

Zip

**18707**

Country

Zip

**18707**

Country

4. FEI Number

**22-3277866**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
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

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DELLEVIGNE, JOHN P 200 COTTONTAIL LN. SOMERSET NJ 08873</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD JOHANNES, MICHAEL 200 COTTONTAIL LN. SOMERSET NJ 08873</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CHAMBERLAIN, EDWARD 200 COTTONTAIL LN. SOMERSET NJ 08873</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ABITABLO, NEIL J 200 COTTONTAIL LN. SOMERSET NJ 08873</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD RAWLINGS, BERNARD 200 COTTONTAIL LN. SOMERSET NJ 08873</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>755 Oakhill Road, Crestwood Industrial Park Mountaintop, PA 18707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D 755 Oakhill Road, Crestwood Industrial Park Mountaintop, PA 18707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>755 Oakhill Road, Crestwood Industrial Park Mountaintop, PA 18707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Secretary 755 Oakhill Road, Crestwood Industrial Park Mountaintop, PA 18707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

Date

510-474-6741

Daytime Phone #

CR2E034 (9/01)