

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90218 012 ***550.00

006030 AB

DOCUMENT # P04219

1. Entity Name
ARDEX, INC.



Principal Place of Business
**400 ARDEX PARK DR.
ALIQUIPPA PA 15001
US**

Mailing Address
**400 ARDEX PARK DR.
ALIQUIPPA PA 15001
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1338456**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GUNDLACH, DIETR | |
| STREET ADDRESS | POSTFACH 6120 D.5810 | |
| CITY-ST-ZIP | WITTEN, W. GERMANY | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GOLLER, HERBERT | |
| STREET ADDRESS | 400 ARDEX PARK DRIVE | |
| CITY-ST-ZIP | ALIQUIPPA PA 15001 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | NEVIN, HUGH | |
| STREET ADDRESS | 600 GRANT ST., 5TH FLOOR | |
| CITY-ST-ZIP | PITTSBURGH PA | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ANGELO, LORI PIETSCH | |
| STREET ADDRESS | 400 ARDEX PARK DRIVE | |
| CITY-ST-ZIP | ALIQUIPPA PA 15001 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BILLECKE, JOAHEN | |
| STREET ADDRESS | FRIEDRICH-EBERT-STR.45 | |
| CITY-ST-ZIP | WITTEN, W. GERMANY | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)