

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 339507

1. Entity Name

THE R & S MCCOY CORPORATION

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90073 047 ***150.00

Principal Place of Business

Mailing Address

440 N. E. 5TH AVENUE
P.O. BOX 419
DELRAY BCH FL 33447-7419

ONE CULLIGAN PKWY
NORTHBROOK IL 60062-6209
US

2. Principal Place of Business

3. Mailing Address

40-004 COOK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm Desert, CA

4. FEI Number 59-1289508

Applied For

Not Applicable

Zip

Country

92211

USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 NAME STREET ADDRESS CITY-ST-ZIP	D/C HENDRIX, CALVIN R ONE CULLIGAN PARKWAY NORTHBROOK IL 60062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HULME, MICHAEL E ONE CULLIGAN PARKWAY NORTHBROOK IL 60062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CAMPBELL, ROSS M ONE CULLIGAN PARKWAY NORTHBROOK IL 60062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOSSIN, AMY G 40-004 COOK ST PALM DESERT CA 92211	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAVLICK, THOMAS E. ONE CULLIGAN PARKWAY NORTHBROOK IL 60062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WHITE, WILLIAM F ONE CULLIGAN PARKWAY NORTHBROOK IL 60062	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President Michael J. Reardon 40-004 COOK ST. Palm Desert, CA 92211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP, Treasurer Joseph F. Morrison One Culligan PKWY Northbrook, IL 60062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

WILLIAM F White

3/15/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Treasurer

Date

Daytime Phone #

262-521-8504

CR2E034 (9/99)