

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810763

Entity Name

EAGLE-PICHER INDUSTRIES, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90072 001 ***150.00

Principal Place of Business

250 E. FIFTH STREET
SUITE 500
CINCINNATI OH 45202
US

Mailing Address

P.O. BOX 779
CINCINNATI OH 45201
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-0268670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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	VCFO	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, PHILIP F	
STREET ADDRESS	174 WASHINGTON TRACE ROAD	
CITY-STATE-ZIP	CALIFORNIA KY 41007	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WYLER, JOEL P.	
STREET ADDRESS	8 KONIJNENLAAN	
CITY-STATE-ZIP	2243 ER WASSENAAR NE	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHERENBERG, TOM B	
STREET ADDRESS	5133 AUTUMNWOOD DRIVE	
CITY-STATE-ZIP	CINCINNATI OH 45242	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	KRALL, DAVID G	
STREET ADDRESS	7910 DEER CROSSING	
CITY-STATE-ZIP	CINCINNATI OH 45226	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVANS, DAVID N	
STREET ADDRESS	9802 TOLLGATE LANE	
CITY-STATE-ZIP	CINCINNATI OH 45226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas R. Pilholski	
STREET ADDRESS	135 Garfield Place, #437	
CITY-STATE-ZIP	Cincinnati, OH 45202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey D. Sisson	
STREET ADDRESS	135 Garfield Place, #534	
CITY-STATE-ZIP	Cincinnati, OH 45202	

3. 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: *David N. Evans* BY: *David N. Evans* SIGNATURE REQUIRED: Evans, Vice President 2/5/02 513-629-2448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)