

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818481

1. Entity Name

W.S. NEWELL INCORPORATED

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90194 002 ***150.00

Principal Place of Business P.O. BOX 241327 MONTGOMERY AL 36124	Mailing Address P.O. BOX 241327 MONTGOMERY AL 36124-1327
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 63-0453037	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BACON, EARL
1602 W. PLAZA DR.
EASTWOOD OFFICE PLAZA
TALLAHASSEE FL 32302

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 *Sadie P. Newell* DATE 4-12-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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

TITLE	P <input type="checkbox"/> Delete
NAME	NEWELL, W S
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY-ST-ZIP	MONTGOMERY AL 36117
TITLE	VP <input type="checkbox"/> Delete
NAME	SAM NEWELL
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY-ST-ZIP	MONTGOMERY AL 36117
TITLE	VP <input type="checkbox"/> Delete
NAME	KEITH NEWELL
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY-ST-ZIP	MONTGOMERY AL 36117
TITLE	S <input type="checkbox"/> Delete
NAME	NEWELL, SADIE P
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY-ST-ZIP	MONTGOMERY AL 36117
TITLE	VD <input type="checkbox"/> Delete
NAME	NEWELL, D K
STREET ADDRESS	US 80 E
CITY-ST-ZIP	MONTGOMERY AL
TITLE	AS <input type="checkbox"/> Delete
NAME	DERICKSON, T M
STREET ADDRESS	US 80 E
CITY-ST-ZIP	MONTGOMERY AL

12. 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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sadie P. Newell* DATE 4-12-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)