

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 838970

FILED
Mar 07, 2002 8:00 AM
Secretary of State

Entity Name: HIRAM WALKER-AV CO.

Current Principal Place of Business:

300 FRANK W BURR BLVD
TEANECK, NJ 07666 US

New Principal Place of Business:

9350 SO. DIXIE HWY
1450
MIAMI, FL 33156 US

Current Mailing Address:

P.O. BOX 33006
DETROIT, MI 482325006 US

New Mailing Address:

FEI Number: 38-1586438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: TURNER, RICHARD
Address: THE PAVILIONS, BRIDGEWATER RD
City-St-Zip: BEDMINSTER DOWN, BRISTOL, BS13 8AR

Title: P () Delete
Name: RICHARDSON, CHARLES
Address: THE PAVILIONS, BRIDGEWATER RD
City-St-Zip: BEDMINSTER DOWN, BRISTOL, BS13 8AR

Title: T () Delete
Name: CLARK, BLAIR A
Address: THE PAVILIONS, BRIDGEWATER RD
City-St-Zip: BEDMINSTER DOWN, BRISTOL, BS138AR

Title: VPS () Delete
Name: STANTON, DAVID M
Address: 2072 RIVERSIDE DR E
City-St-Zip: WINDSOR, ONTARIO CANADA, N84 4S5

Title: AT () Delete
Name: CREMERING, MICHAEL J
Address: 2072 RIVERSIDE DR E
City-St-Zip: WINDSOR, ONTARIO CANADA, N84 4S5

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MCBRIDE, MAUREEN VPAGC
Address: 355 RIVERSIDE AVENUE
City-St-Zip: WESTPORT, CT 06880

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. STANTON

VPS

03/07/2002

Electronic Signature of Signing Officer or Director

Date