

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843419

1. Entity Name

MORGAN TRAILER MFG. CO.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90062 037 ***150.00

Principal Place of Business

8108 N HWY 301
301 INDUSTRIAL PARK
TAMPA FL 33637-3636
US

Mailing Address

ONE MORGAN WAY
MORGANTOWN PA 19543

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1151457

Applied For

Not Applicable

Zip

Country

Zip

Country

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
CEO
HUNT, PETER
ONE MORGAN WAY
MORGANTOWN PA 19543 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
OSTENDORF, ROBERT
ONE MORGAN WAY
MORGANTOWN, PA 19543 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
HOHASTINE, DON
ONE MORGAN WAY
MORGANTOWN PA 19543 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOHASTINE, DON ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ERVEN, JAMES
ONE MORGAN WAY
MORGANTOWN PA 19543 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HOLM, HAROLD
ONE MORGAN WAY
MORGANTOWN PA 19543 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BATCHER, JOSEPH
ONE MORGAN WAY
MORGANTOWN PA 19543 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GRACIA, PETE
ONE MORGAN WAY
MORGANTOWN, PA 19543 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LUTHER, SHAUN
ONE MORGAN WAY
MORGANTOWN, PA 19543 ☐ Change ☒ 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:

D. Hohastine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 610-286-2367
Date Daytime Phone #

CR2E034 (9/99)