

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90059 032 \*\*\*150.00

**00056319**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 843840  
**1. Entity Name**  
 Henry F. Teichmann, Inc.

**Principal Place of Business**      **Mailing Address**

**2. Principal Place of Business**  
 3009 Washington Road  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 3009 Washington Road  
 Suite, Apt. #, etc.

**City & State**  
 McMurray, PA

**City & State**  
 McMurray, PA

**4. FEI Number**  
 25-0933019

Applied For  
 Not Applicable

**Zip**  
 15317

**Country**  
 U.S.A.

**Zip**  
 15317

**Country**  
 U.S.A.

**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**

**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** CT Corporation System **April 24, 2001**  
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, 2001 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**

**1. OFFICERS AND DIRECTORS**

<b>TITLE</b> Chairman	<input type="checkbox"/> Delete
<b>NAME</b> Teichmann, Newton N.	
<b>STREET ADDRESS</b> 53 Highland Road	
<b>CITY-ST-ZIP</b> Bethel Park, PA 15102	
<b>TITLE</b> President, Secretary, Treasurer	<input type="checkbox"/> Delete
<b>NAME</b> McIntyre, Archie L.	
<b>STREET ADDRESS</b> 7017 Clubview Drive	
<b>CITY-ST-ZIP</b> South Fayette, PA 15017	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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:** X Kenny Demasters  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01** **724-941-9550**  
Date Daytime Phone #

CR2E034 (11/00)