

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90019 049 ***150.00

DOCUMENT # 843840
1. Entity Name HENRY F. TEICHMANN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3009 WASHINGTON ROAD Suite, Apt. #, etc.	3. Mailing Address 3009 WASHINGTON ROAD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD	
City PLANTATION	FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE CHAIRMAN	NAME TEICHMANN, NEWTON N.	TITLE	NAME
STREET ADDRESS 3009 WASHINGTON ROAD	STREET ADDRESS 3009 WASHINGTON ROAD	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP MCMURRAY, PA 15317	CITY - ST - ZIP MCMURRAY, PA 15317	CITY - ST - ZIP	CITY - ST - ZIP
TITLE PRESIDENT, SECRETARY, TREASURER	NAME MCINTYRE, ARCHIE L.	TITLE	NAME
STREET ADDRESS 3009 WASHINGTON ROAD	STREET ADDRESS 3009 WASHINGTON ROAD	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP MCMURRAY, PA 15317	CITY - ST - ZIP MCMURRAY, PA 15317	CITY - ST - ZIP	CITY - ST - ZIP
TITLE VP OF OPERATIONS	NAME RANDY J. SETTIMIO	TITLE	NAME
STREET ADDRESS 3009 WASHINGTON ROAD	STREET ADDRESS 3009 WASHINGTON ROAD	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP MCMURRAY, PA 15317	CITY - ST - ZIP MCMURRAY, PA 15317	CITY - ST - ZIP	CITY - ST - ZIP
TITLE DIRECTOR	NAME KENNETH E. LEMASTERS, JR.	TITLE	NAME
STREET ADDRESS 3009 WASHINGTON ROAD	STREET ADDRESS 3009 WASHINGTON ROAD	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP MCMURRAY, PA 15317	CITY - ST - ZIP MCMURRAY, PA 15317	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth E. Lemasters, Jr. *Kenneth E. Lemasters, Jr.* **5-404 724-941-9550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034B (12/02)