

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90043 031 \*\*\*150.00

080-36-AT

**DOCUMENT # 854153**

1. Entity Name  
**CRAFCO INCORPORATED**

Principal Place of Business  
**420 NORTH ROOSEVELT AVENUE  
 CHANDLER AZ 85226  
 US**

Mailing Address  
**P.O. DRAWER 23028  
 JACKSON MS 39225-3028  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**86-0324978**

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

**CT CORPORATION SYSTEM  
 1200 S. 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, 2002 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 **PD**  Delete  
 NAME **LAMPTON, LESLIE B.**  
 STREET ADDRESS **2829 LAKELAND DRIVE**  
 CITY-ST-ZIP **JACKSON MS**

TITLE **CD**  Change  Addition

TITLE **STD**  Delete  
 NAME **STONE, KATHRYN W.**  
 STREET ADDRESS **2829 LAKELAND DRIVE**  
 CITY-ST-ZIP **JACKSON MS**

TITLE  Change  Addition

TITLE **VP**  Delete  
 NAME **BROOKS, DONALD M.**  
 STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**  
 CITY-ST-ZIP **CHANDLER AZ 85226**

TITLE  Change  Addition

TITLE **AS**  Delete  
 NAME **RIHERD, THOMAS S**  
 STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**  
 CITY-ST-ZIP **CHANDLER AZ 85226**

TITLE  Change  Addition

TITLE **VPD**  Delete  
 NAME **LAMPTON, WILLIAM W**  
 STREET ADDRESS **2829 LAKELAND DRIVE**  
 CITY-ST-ZIP **JACKSON MS**

TITLE **PD**  Change  Addition

TITLE **V**  Delete  
 NAME **MANNING, MARK C**  
 STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**  
 CITY-ST-ZIP **CHANDLER AZ 85226**

TITLE  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: MR. T.S. Rihard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

(602)276-0406

Date

Daytime Phone #

CR2E034 (9/01)

# Attachment # 854153

B0042870

CRAFCO, INC.  
86-0324978

## ATTACHMENT TO FLORIDA 2002 UNIFORM BUSINESS REPORT

### 11. OFFICERS AND DIRECTORS - CONTINUED:

TITLE	V	<input type="checkbox"/> DELETE
NAME	A. PATRICK BUSBY	
STREET ADDRESS	2829 LAKELAND DRIVE	** DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	

TITLE	V	<input type="checkbox"/> DELETE
NAME	J. RONALD ROBINSON	
STREET ADDRESS	420 N. ROOSEVELT AVENUE	
CITY-ST-ZIP	CHANDLER, AZ 85226	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LESLIE B. LAMPTON III	
STREET ADDRESS	2829 LAKELAND DRIVE	** DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	