

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90146 024 ***150.00

DOCUMENT # 855040
1. Entity Name
THE MARLEY COMPANY OF DELAWARE

Principal Place of Business
2300 ONE FIRST UNION CTR
CHARLOTTE NC 28202-6039
US

Mailing Address
2300 ONE FIRST UNION CTR
CHARLOTTE NC 28202-6039
US



2. Principal Place of Business
700 Terrace Point Dr.
 Suite, Apt. #, etc.

3. Mailing Address
700 Terrace Point Dr.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Muskegon MI

City & State
Muskegon MI

4. FEI Number
48-0920714

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
49443

Country
USA

Zip
49443

Country
USA

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 _____
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRIFFITHS, W C 2300 ONE FIRST UNION CTR CHARLOTTE NC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Patrick J. O'Leary 700 Terrace Point Dr. Muskegon, Mi 49443
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, B B JR 2300 ONE FIRST UNION CTR CHARLOTTE NC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Christopher J. Kearney 700 Terrace Point Dr. Muskegon, Mi 49443
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EISENBERG, GA 2300 ONE FIRST UNION CENTER CHARLOTTE NC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Ron Winowiecki 700 Terrace Point Dr. Muskegon, Mi 49443
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MAGEE, R.L. 2300 ONE FIRST UNION CENTER CHARLOTTE, NC 28202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Roland Wright 700 Terrace Point Dr. Muskegon, Mi 49443
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DRIES, W 2300 ONE FIRST UNION CENTER CHARLOTTE NC 28202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Daniel T. Ladenberger 700 Terrace Point Dr. Muskegon, Mi 49443
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** **Patrick J. O'Leary** **4-14-02** **231-724-5000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP/Dir. Date Daytime Phone #

CR2E034 (9/01)