

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90136 006 \*\*\*150.00

**DOCUMENT # 856940**

1. Entity Name  
**NUBRO, INC.**

Principal Place of Business

% BRODART CO.  
 500 ARCH STREET  
 WILLIAMSPORT PA 17701-7809

Mailing Address

% BRODART CO.  
 500 ARCH STREET  
 WILLIAMSPORT PA 17701-7809

2. Principal Place of Business

*c/o Tax Dept*

Suite, Apt. #, etc.

*500 Arch St*

City & State

*Williamsport, PA*

Zip

*17705*

Country

*USA*

3. Mailing Address

*c/o Tax Dept*

Suite, Apt. #, etc.

*500 Arch St*

City & State

*Williamsport, PA*

Zip

*17705*

Country

*USA*

**00040795**



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-2248267**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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, 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

11. OFFICERS AND DIRECTORS

|                |                                    |                                            |
|----------------|------------------------------------|--------------------------------------------|
| TITLE          | <b>P</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>LARGEN, JOSEPH D.</b>           |                                            |
| STREET ADDRESS | <b>2000 1ST AVE., #2602</b>        |                                            |
| CITY-ST-ZIP    | <b>SEATTLE WA 98199</b>            |                                            |
| TITLE          | <b>VT</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>UZUPIS, STEVEN</b>              |                                            |
| STREET ADDRESS | <b>R.R. 1, BOX 348B</b>            |                                            |
| CITY-ST-ZIP    | <b>COGAN STATION PA</b>            |                                            |
| TITLE          | <b>S</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>BRODY, DONALD</b>               |                                            |
| STREET ADDRESS | <b>650 SPRUCE ST.</b>              |                                            |
| CITY-ST-ZIP    | <b>BERKLEY CA</b>                  |                                            |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>BRODY, ARTHUR D.</b>            |                                            |
| STREET ADDRESS | <b>990 HIGHLAND DR., SUITE 100</b> |                                            |
| CITY-ST-ZIP    | <b>SOLANA BCH. FL</b>              |                                            |
| TITLE          | <b>V</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BELZER, RICHARD</b>             |                                            |
| STREET ADDRESS | <b>990 HIGHLAND DR., SUITE 100</b> |                                            |
| CITY-ST-ZIP    | <b>SOLANA BCH. CA</b>              |                                            |
| TITLE          |                                    | <input type="checkbox"/> Delete            |
| NAME           |                                    |                                            |
| STREET ADDRESS |                                    |                                            |
| CITY-ST-ZIP    |                                    |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |                                                                              |
|----------------|--------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>V</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Steven Uzupis</b>           |                                                                              |
| STREET ADDRESS | <b>500 Arch St</b>             |                                                                              |
| CITY-ST-ZIP    | <b>Williamsport PA 17705</b>   |                                                                              |
| TITLE          | <b>T</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>RICHARD L DILL</b>          |                                                                              |
| STREET ADDRESS | <b>500 Arch St</b>             |                                                                              |
| CITY-ST-ZIP    | <b>WILLIAMSPORT PA 17705</b>   |                                                                              |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>JONATHAN HECHLER</b>        |                                                                              |
| STREET ADDRESS | <b>3 HANOVER SQ #5K</b>        |                                                                              |
| CITY-ST-ZIP    | <b>NEW YORK NY 10004</b>       |                                                                              |
| TITLE          | <b>P/D</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>JOSEPH LARGEN</b>           |                                                                              |
| STREET ADDRESS | <b>500 ARCH ST</b>             |                                                                              |
| CITY-ST-ZIP    | <b>WILLIAMSPORT PA 17705</b>   |                                                                              |
| TITLE          | <b>S</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>DONALD BRODY</b>            |                                                                              |
| STREET ADDRESS | <b>c/o SUMIKO 2431 5th ST</b>  |                                                                              |
| CITY-ST-ZIP    | <b>BERKELEY CA 94710</b>       |                                                                              |
| TITLE          | <b>C/D</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>ARTHUR BRODY</b>            |                                                                              |
| STREET ADDRESS | <b>990 HIGHLAND DR STE 100</b> |                                                                              |
| CITY-ST-ZIP    | <b>SOLANA BEACH CA 92075</b>   |                                                                              |

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:

*Richard L. Dill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard L. Dill,*  
*Treasurer*

*4-17-01*

Date

*570-336-2461*

Daytime Phone #

CR2E034 (10/00)