

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857702

1. Entity Name
SERMATECH INTERNATIONAL INCORPORATED

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90068 021 ***150.00

Principal Place of Business Mailing Address
155 SOUTH LIMERICK RD. 155 SOUTH LIMERICK RD.
LIMERICK PA 19468 LIMERICK PA 19468-1603

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 23-1942996 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZEARFOSS, HERBERT K		NAME		
STREET ADDRESS	155 S LIMERICK RD		STREET ADDRESS		
CITY-ST-ZIP	LIMERICK PA		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANCE, STEVEN K.		NAME		
STREET ADDRESS	341 CROTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, MICHAEL W.		NAME		
STREET ADDRESS	107 CIRCLE DR.		STREET ADDRESS		
CITY-ST-ZIP	CHALFONT PA		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCABE, JAMES F., JR.		NAME		
STREET ADDRESS	134 CAROUSE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN PA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSSER, MARK		NAME		
STREET ADDRESS	155 S. LIMERICK ROAD		STREET ADDRESS		
CITY-ST-ZIP	LIMERICK PA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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]* 1/14/2000 610-948-5100
Date Daytime Phone #

ASSISTANT SECRETARY

CR2E034 (9/99)