

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000235

1. Entity Name

SUPERIOR PRODUCTS MFG. CO. LIMITED PARTNERSHIP

Principal Place of Business

510 WEST COUNTY ROAD D
ST. PAUL MN 55112

Mailing Address

510 WEST COUNTY ROAD D
ST. PAUL MN 55112-3520

2. Principal Place of Business

9755 Patuxent Woods Dr.

3. Mailing Address

9755 Patuxent Woods Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Columbia, MD

City & State

Columbia, MD

Zip

21046

Country

USA

Zip

21046

Country

USA

4. FEI Number

52-2190438-411782238

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. Capital Contributions
as Shown on record.

\$135.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$135.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # 855705
NAME SUPERIOR PRODUCTS MANUFACTURING COMPANY
STREET ADDRESS 510 WEST COUNTY ROAD D
CITY - ST - ZIP ST PAULS MN 55112

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

8000003190218-4

-03/30/00-01081-007

****141.25 ****141.25

DOCUMENT #
NAME
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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Lawrence Harrison
FAITH E. HARRISON
Asst. Secretary

3/14/00

Date

410-309-6453

Daytime Phone #

CR2E003 (9/99)