

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000163

1. Entity Name

THE LUDLOW COMPANY, LP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 27 PM 1:29

Principal Place of Business

ONE TOWN CENTER ROAD
BOCA RATON FL 33486

Mailing Address

ONE TOWN CENTER ROAD
BOCA RATON FL 33486-1002

2. Principal Place of Business

One town Center
Suite, Apt. #, etc.

3. Mailing Address

PO Box 5035
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton FL

4. FEI Number

52-2315052

Applied For

Not Applicable

Zip

Country

33431-0835

Zip

Country

33431-0835

5. Certificate of Status Desired

6

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 # F99000001706
NAME GRAPHIC CONTROLS CORPORATION
STREET ADDRESS 189 VAN RENSSLAER STREET
CITY - ST - ZIP BUFFALO NY 14240

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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:

SIG. REQUIRED VP/ASSISTANT TREASURER

4/28/00 (561) 988-7823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)