

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 RD
3. Mailing Address: PO Box 5035

DO NOT WRITE IN THIS SPACE

City & State: Boca Raton, FL
City & State: Boca Raton FL
Zip: 33431-0835
Country: [Blank]

4. FEI Number: 52-2315052
Applied For: Not Applicable
5. Certificate of Status Desired: \$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: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] FL Zip Code: [Blank]

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: _____ (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 RENSSELAER STREET
CITY - ST - ZIP	BUFFALO NY 14240
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800003312798-8
CITY - ST - ZIP	-07/05/00--01054--010
	***150.00 ***150.00
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)