

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

04-30-2001 90051 039 ***158.75

DOCUMENT # F00000004261

1. Entity Name
REYNOLDS ADVANCED MATERIALS, INC.

(Handwritten mark)

Principal Place of Business: 2131 SOUTH HARWOOD STREET, DALLAS TX 75215
 Mailing Address: 2131 SOUTH HARWOOD STREET, DALLAS TX 75215

74428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 2000 Saint John St.
 Suite, Apt. #, etc.

City & State: Easton, PA
 Zip: 18042-6646
 Country: [Blank]

4. FEI Number: 52-2255388
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MUNROE, W. BRADLEY
239 EAST VIRGINIA AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name: **Peter Sheres**
 Street Address (P.O. Box Number is Not Acceptable): **1339 Bennett Drive**
 Suite: **Suite 145**
 City: **Longwood** FL Zip Code: **32750**

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)* **Peter Sheres** DATE: **6/7/01**

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 NAME	CPST SCHWEITZER, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2131 SOUTH HARWOOD STREET	
CITY-ST-ZIP	DALLAS TX 75215	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	President Trey Bianco	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2000 Saint John St.	
CITY-ST-ZIP	Easton, PA 18042-6646	
TITLE NAME	V.P. Robert Western	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2000 Saint John St.	
CITY-ST-ZIP	Easton, PA 18042	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2034 (10/00)

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)* **Trey Bianco** DATE: **6/6/01** DAYTIME PHONE #: **610-252-5800**