

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90006 049 ***550.00

DOCUMENT # F00000006990

1. Entity Name
WEST POINT PRODUCTS, INC.

Principal Place of Business
**SCHOOL HOUSE LANE
 VALLEY GROVE WV 26060**

Mailing Address
**P.O. BOX 50
 VALLEY GROVE WV 26060**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 25-1819612		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAY, THOMAS J JR.		NAME		
STREET ADDRESS	174 WALDEN WAY		STREET ADDRESS		
CITY-ST-ZIP	IMPERIAL PA 15128		CITY-ST-ZIP		
TITLE	VCD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BEBLO, DAVID G		NAME		
STREET ADDRESS	10248 STABLEHAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45242		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WHEAT, ROBERT C JR.		NAME		
STREET ADDRESS	44 HIGHLAND AVE.		STREET ADDRESS		
CITY-ST-ZIP	WEST ALEXANDER PA 15378		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARIOCCHI, ANTONIO F		NAME		
STREET ADDRESS	101 CITATION COURT		STREET ADDRESS		
CITY-ST-ZIP	LOVELAND OH 45140		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LUCOT, JOSEPH R		NAME		
STREET ADDRESS	716 LINDENWOOD DRIVE		STREET ADDRESS	32 KNOB HILL DRIVE	
CITY-ST-ZIP	CORAPOLIS PA 15108		CITY-ST-ZIP	SUMMIT, NJ 07901	
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: _____

RECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/01 (204) 547-1360
 Date Daytime Phone

CR2E034 (5/01)