

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90088 025 ***550.00

DOCUMENT # F00000007198

1. Entity Name
WESTERN LITHO PLATE & SUPPLY CO.

Principal Place of Business
3433 TREE COURT INDUSTRIAL BLVD.
ST. LOUIS MO 63122

Mailing Address
3433 TREE COURT INDUSTRIAL BLVD.
ST. LOUIS MO 63122

2. Principal Place of Business
2034 N JACKSON
 Suite, Apt. #, etc.

3. Mailing Address
2034 N JACKSON
 Suite, Apt. #, etc.

City & State
JACKSONVILLE, TX
Zip 75766 **Country** USA

City & State
JACKSONVILLE, TX
Zip 75766 **Country** USA

4. FEI Number 41-0940523

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STREETER, WILLIAM	
STREET ADDRESS	3433 TREE COURT INDUSTRIAL BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63122	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PALMER, LANE	
STREET ADDRESS	3433 TREE COURT INDUSTRIAL BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63122	
TITLE	ST SECRETARY	<input type="checkbox"/> Delete
NAME	EMMERT, DAVID	
STREET ADDRESS	3433 TREE COURT INDUSTRIAL BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63122	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	YOSHITOMI, TOSHIHIKO	
STREET ADDRESS	1 NORTH LEXINGTON AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INOUE, TOSHIO	
STREET ADDRESS	5-2 MARUNOUCHI 2-CHOME	
CITY-ST-ZIP	CHIYODA-KU, TOKYO, JAPAN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS SAGGIOMO	
STREET ADDRESS	559 A FEDERAL ROAD	
CITY-ST-ZIP	BROOKFIELD, CT 06804	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIGI PAVINI	
STREET ADDRESS	2034 N JACKSON	
CITY-ST-ZIP	JACKSONVILLE, TX 75766	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID EMMERT	
STREET ADDRESS	2034 N JACKSON	
CITY-ST-ZIP	JACKSONVILLE, TX 75766	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 REQUIRED DAVID EMMERT

9/12/02

903-589-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #