

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007269

1. Entity Name

INTERNATIONAL SUPPLY CONSORTIUM, INC.

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90119 009 ***550.00

Principal Place of Business
3300 WEST MONTAGUE AVENUE, SUITE 200
CHARLESTON SC 29418

Mailing Address
3300 WEST MONTAGUE AVENUE, SUITE 200
CHARLESTON SC 29418

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **57-1008221**

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
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 is 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 \$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 STREET ADDRESS CITY-ST-ZIP	CD WEHRL, H B III 3300 WEST MONTAGUE AVENUE, SUITE 200 CHARLESTON SC 29418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WARREN, JAMES R 3300 WEST MONTAGUE AVENUE, SUITE 200 CHARLESTON SC 29418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DANNEMILLER, JOHN C 3300 WEST MONTAGUE AVENUE, SUITE 200 CHARLESTON SC 29418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TALBOTT, WILLIAM T 3300 WEST MONTAGUE AVENUE, SUITE 200 CHARLESTON SC 29418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STINSON, ROBERT C ESQ. 3300 WEST MONTAGUE AVENUE, SUITE 200 CHARLESTON SC 29418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO WEHRL, MICHAEL H 3300 WEST MONTAGUE AVENUE, SUITE 200 CHARLESTON SC 29418	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. J. B. B. B. **6/8/01** **843-745-2463**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)