

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F92000000012

FILED  
Jan 29, 2003  
Secretary of State

Entity Name: LEON J. HOCHHEISER CO., INC.

**Current Principal Place of Business:**

527 TOWN LINE ROAD, SUITE 202  
HAUPPAGE, NY 11788

**New Principal Place of Business:**

**Current Mailing Address:**

2 METROPLEX DR  
STE 220  
BIRMINGHAM, AL 35209

**New Mailing Address:**

FEI Number: 11-2500021      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HOCHHEISER, LEON J  
Address: 2 METROPLEX DR., STE 220  
City-St-Zip: BIRMINGHAM, AL 35209

Title: VP ( ) Delete  
Name: CARLISLE, TODD W  
Address: 2 METROPLEX DR., STE 220  
City-St-Zip: BIRMINGHAM, AL 35209

Title: VP ( ) Delete  
Name: DUKE, KEITH D  
Address: 2 METROPLEX DR., STE 220  
City-St-Zip: BIRMINGHAM, AL 35209

Title: VPAS ( ) Delete  
Name: COLLIER, FORREST J  
Address: 2 METROPLEX DR., STE 220  
City-St-Zip: BIRMINGHAM, AL 35209

Title: T ( ) Delete  
Name: DUKE, KEITH D  
Address: 2 METROPLEX DR., STE 220  
City-St-Zip: BIRMINGHAM, AL 35209

Title: S ( ) Delete  
Name: CARLISLE, W. TODD  
Address: 2 METROPLEX DR., STE. 220  
City-St-Zip: BIRMINGHAM, AL 35209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. TODD CARLISLE

VPS

01/29/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date