

# 2002 UNIFORM BUSINESS REPORT (UBR)

0040258 AV

DOCUMENT # F92000000322

1. Entity Name

PRESCOTT, BALL & TURBEN, INC.

APPROVED  
AND  
FILED

02 FEB -7 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

77 W WACKER DRIVE  
CHICAGO IL 60601  
US

Mailing Address

C/O CORPORATION SERVICE COMPANY  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301  
US

2. Principal Place of Business

901 E. BYRD STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

RICHMOND, VA

City & State

4. FEI Number

36-3857911

Applied For

Not Applicable

Zip

23219

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 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 \$150.00**  
**After May 1, 2002 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 PD  
NAME LUX, THOMAS D  
STREET ADDRESS 901 E. BYRD ST.  
CITY-ST-ZIP RICHMOND VA 23219 ☐ Delete

TITLE VS  
NAME HEBNER, DAVID  
STREET ADDRESS 301 S. COLLEGE ST.  
CITY-ST-ZIP CHARLOTTE NC 28288 ☐ Delete

TITLE D  
NAME COSETELLO, PAUL F  
STREET ADDRESS 901 E. BYRD ST.  
CITY-ST-ZIP RICHMOND VA 23219 ☐ Delete

TITLE V  
NAME BALLANTINE, JACQUELINE A  
STREET ADDRESS 1339 CHESTNUT ST. (PA4840)  
CITY-ST-ZIP PHILADELPHIA PA 19107 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: Jacqueline Ballantine JACQUELINE BALLANTINE 2/4/02 215-786-7421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 440326-020 7170545

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizeto*

ORDER DATE : February 7, 2002

ORDER TIME : 3:52 PM

ORDER NO. : 440326-020

CUSTOMER NO: 7170545

CUSTOMER: Mr. William H. Schwartz  
First Union Corporation  
Legal Dept. Pa 4840  
1339 Chestnut Street  
Philadelphia, PA 19107

RECEIVED  
02 FEB -7 PM 4:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ALLAHAMSEE, FLORIDA

ANNUAL REPORT FILING

NAME: PRESCOTT, BALL & TURBEN, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - Ext. 1155

EXAMINER'S INITIALS: \_\_\_\_\_