

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90121 020 \*\*\*150.00

**DOCUMENT # F94000000805**

1. Entity Name

**WOODCRAFT SUPPLY CORP.**

Principal Place of Business

Mailing Address

P.O. BOX 1646  
 PARKERSBURG WV 26102

P.O. BOX 1646  
 PARKERSBURG WV 26102-1646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**55-0643907**

Applied For

Not Applicable

Zip

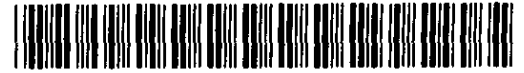
Country

Zip

Country

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 S. PINE ISLAND RD.**  
**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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**P**  
 NAME **KATCHUR, BRYAN J**  
 STREET ADDRESS **5300 BRISCOE RD.**  
 CITY-ST-ZIP **PARKERSBURG WV**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**VPD**  
 NAME **ROSS, SAMUEL B II**  
 STREET ADDRESS **5300 BRISCOE RD.**  
 CITY-ST-ZIP **PARKERSBURG WV**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**S**  
 NAME **SMITH, DONNA M**  
 STREET ADDRESS **5300 BRISCOE RD.**  
 CITY-ST-ZIP **PARKERSBURG WV 26101**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**T**  
 NAME **GERRARD, LARRY J**  
 STREET ADDRESS **5300 BRISCOE RD.**  
 CITY-ST-ZIP **PARKERSBURG WV 26101**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**D**  
 NAME **SUTTON, JAMES**  
 STREET ADDRESS **6402 SOUTH TROY CIRCLE**  
 CITY-ST-ZIP **ENGLEWOOD CO**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*See attached list*

TITLE  Change  Addition  
 NAME  
 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Donna M. Smith*

*4-1-00 (304) 428-8261*

*DONNA M. SMITH*

CR2E034 (9/99)

144000000800

Attachment  
10050731

**SBR, INC.**  
Board of Directors

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1. **Sam Ross**  
4600 River Road  
Vienna, WV 26105  
(304)428-2531 (O)  
(304)295-8042 (H)  
[Sam\\_Ross@sbrinc.com](mailto:Sam_Ross@sbrinc.com)
2. **Susan Ross**  
4600 River Road  
Vienna, WV 26105  
(304)295-8042 (H)  
(304)295-0259 (H)  
[ssross@ibm.net](mailto:ssross@ibm.net)
3. **Robert M. Rector**  
5080 Yacht Harbor Circle  
Naples, FL 34112  
(941)732-9843  
[brector@worldnet.att.net](mailto:brector@worldnet.att.net)
4. **Jim Sutton**  
American Bankshares, Inc.  
4455 South Broadway, Suite 11  
Englewood, CO 80110  
(303)806-5307  
(304)436-3151 (WV)  
[ameribank@aol.com](mailto:ameribank@aol.com)
5. **Jan Monroe**  
2313 Sierra Heights  
Las Vegas, NV 89134  
(702)838-4396  
[jansoft@aol.com](mailto:jansoft@aol.com)
6. **Jerry L. Weinstein**  
124 Prospect Street  
Summit, NJ 07901  
(908)522-1290  
[JLWinfo@aol.com](mailto:JLWinfo@aol.com)
7. **William E. Hamb**  
515 Bank One Center  
Charleston, WV 25301  
(304)343-4128 (O)  
(304)343-8506 (H)  
(904)261-9557 - Florida  
[whamb@attglobal.net](mailto:whamb@attglobal.net)
8. **John A. Staley, IV**  
Staley Capital Advisers, Inc  
One Oxford Centre, Suite 3950  
Pittsburgh, PA 15219  
(412)261-6888 (O)  
(412)363-3083 (H)  
(412)363-7989 (H) - Private  
[staley@staleycap.com](mailto:staley@staleycap.com)
9. **George W. Broughton**  
GWB Sales, Inc.  
3177 Cambridge Road  
Marietta, OH 45750  
(740)374-9356 (O)  
(740)374-9924 fax  
(614)-374-2298 (H)  
[george@gwbsales.com](mailto:george@gwbsales.com)
10. **Leonard Harvey**  
P.O. Box 5516  
402 - 51st Street  
Vienna, WV 26105  
(304)295-7415 (H)  
(941)263-9425 - Florida
11. **Stuart J. Yarbrough**  
CrossHill Financial Group, Inc.  
1825 K Street, NW - Suite 1450  
Washington, DC 20006  
(202)296-1789 (O)  
(703)519-9611 (H)  
[SYarbrough@Crosshill.com](mailto:SYarbrough@Crosshill.com)