

# 2000 UNIFORM BUSINESS REPORT (UBR)

0008719

DOCUMENT # F94000002029

1. Entity Name

WALLAC INC.

FILED

00 JUN 23 AM 11:07

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9238 GAITHER ROAD  
GAITHERSBURG MD 20877

9238 GAITHER ROAD  
GAITHERSBURG MD 20877-1420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1173956

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT 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.

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 V ☐ Delete  
NAME CASTELLANA, ANGELO D  
STREET ADDRESS 45 WILLIAM ST  
CITY-ST-ZIP WELLESLEY MA 02181

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

TITLE S ☐ Delete  
NAME AYERS, PHIL  
STREET ADDRESS 45 WILLIAM ST.  
CITY-ST-ZIP WELLESLEY MA 02181

TITLE ☐ Change ☐ Addition  
NAME 300003328653  
STREET ADDRESS -07/19/00--01116--008  
CITY-ST-ZIP \*\*\*\*550.00 \*\*\*\*550.00

TITLE T ☒ Delete  
NAME HEANEY, RON  
STREET ADDRESS 45 WILLIAM ST  
CITY-ST-ZIP WELLESLEY MA

TITLE ☐ Change ☒ Addition  
NAME TREASURER  
STREET ADDRESS Jeffrey Ronner  
CITY-ST-ZIP 9238 GAITHER RD  
GAITHERSBURG MD 20877

TITLE P ☐ Delete  
NAME RONNER, JEFFREY  
STREET ADDRESS 9238 GAITHER RD  
CITY-ST-ZIP GAITHERSBURG MD 20877

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

TITLE D ☒ Delete  
NAME KING, RON  
STREET ADDRESS 45 WILLIAM ST  
CITY-ST-ZIP WELLESLEY MA 02181

TITLE ☐ Change ☒ Addition  
NAME VP-Finance  
STREET ADDRESS Thomas L. Hopkins  
CITY-ST-ZIP 9238 Gaither Rd  
Gaithersburg, MD 20877

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

THOMAS L. HOPKINS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 5, 2000 301/965-3200 x250

TS

C-20E034 (9/9/01)