

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002157

1. Entity Name

WMC HOLDINGS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90174 046 ***150.00

Principal Place of Business	Mailing Address
831 S FIRST ST LOUISVILLE KY 40203 US	831 SOUTH 1ST ST LOUISVILLE KY 40203-2207 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0482978	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 40202

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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	COPPIETERS, EDDY	
STREET ADDRESS	NIEUWSTRAAT 146	
CITY-ST-ZIP	B 8560 WEVELGEND BE	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PIETROCINI, THOMAS	
STREET ADDRESS	831 S. 1ST ST	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	T	<input type="checkbox"/> Delete
NAME	DECKER, PHYLLIS	
STREET ADDRESS	831 SOUTH 1ST ST	
CITY-ST-ZIP	LOUISVILLE KY 40203	
TITLE	S	<input type="checkbox"/> Delete
NAME	VANDERERFVEN, WIM	
STREET ADDRESS	NIEUWSTRAAT 146	
CITY-ST-ZIP	B-8560 WEVELGEND BE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUIDO VAN LINDEN	
STREET ADDRESS	831 S. First St.	
CITY-ST-ZIP	Louisville Ky 40203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Phyllis Decker 4-13-00 681-1281

Date

Daytime Phone #