

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 10, 2001 08:00 AM
Secretary of State

DOCUMENT # F94000002200

1. Entity Name
GEORGE H. FRIEDLANDER COMPANY

Principal Place of Business PO BOX 2466 CHARLESTON WV 25329	Mailing Address PO BOX 2466 CHARLESTON WV 25329
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2. Principal Place of Business 1566 KANAWHA BLVD. E.	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State CHARLESTON WV	City & State
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Zip 25311	Country	Zip	Country
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4. FEI Number 55-0520126	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRIEDLANDER GEORGE H
34 FIELDWAY DRIVE

STUART FL
349966621 US

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 _____ DATE **01/10/2001**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	STDV HIGGINBOTHAM RICHARD L <input type="checkbox"/> Delete 30 SHERWOOD CIRCLE HURRICANE WV
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMAS C D <input type="checkbox"/> Delete 48 CEDAR DRIVE HURRICANE WV 25526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANCHINA ANTHONY L <input type="checkbox"/> Delete 2023 HUBER ROAD CHARLESTON WV
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDV HIGGINBOTHAM RICHARD L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 SHERWOOD CIRCLE HURRICANE WV 25526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANCHINA ANTHONY L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2023 HUBER ROAD CHARLESTON WV 25314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard L. Higginbotham **VP** 01/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)