

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90013 010 ***550.00

DOCUMENT # **F94000002725**

1. Entity Name
SHAPIRO PACKING COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 119

Suite, Apt. #, etc.

Suite, Apt. #, etc.

54066606

DO NOT WRITE IN THIS SPACE

City & State

City & State

AUGUSTA, GA

4. FEI Number

58-0525293

Applied For

Not Applicable

Zip

Country

Zip

Country

30903-0119

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MC MENAMY, WILLIAM B**

Street Address (P.O. Box Number is Not Acceptable)
50 N. LAURA ST., SUITE 2925

City **JACKSONVILLE**

FL

Zip Code
32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LEGER, FRANCOIS**
STREET ADDRESS **1356 OVERBROOK ROAD**
CITY-ST-ZIP **WTNNEWOOD, PA 19096-3633**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP**
NAME **DEAN, JEROME**
STREET ADDRESS **1110 RED ROSE LANE**
CITY-ST-ZIP **VILLANOVA, PA 19085**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST**
NAME **COGGINS, JONH J.**
STREET ADDRESS **1220 BRENTFORD LANE**
CITY-ST-ZIP **MALVERN, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **GINADER, GEORGE**
STREET ADDRESS **300 BARR HARBOR DR., STE 600**
CITY-ST-ZIP **W CONSHOCKEN, PA 19428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **PELINO, JOHN**
STREET ADDRESS **300 BARR HARBOR DR., STE 600**
CITY-ST-ZIP **W CONSHOCKEN, PA 19428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ED**
NAME **LOTMAN, HERBERT**
STREET ADDRESS **300 BARR HARBOR DR., STE 600**
CITY-ST-ZIP **W CONSHOCKEN, PA 19428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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 #

7/19/2004