

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003316

1. Entity Name

BRL HARDY (USA) INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90007 014 ***550.00

Principal Place of Business

14155 SULLEYFIELD CIR
SUITE H
CHANTILLY VA 22021
US

Mailing Address

14155 SULLEYFIELD CIR
SUITE H
CHANTILLY VA 22021
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1700788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 checked="" type="checkbox"/> Delete
NAME	MATTHEWS, HUGH T.	
STREET ADDRESS	12 RADIATA PL	
CITY-ST-ZIP	ABERFOYLE PARK AU	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	MILLAR, STEPHEN	
STREET ADDRESS	11 ELMGLADE	
CITY-ST-ZIP	SPRINGFIELD AUSTRALIA SA -5062	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	DAVIES, STEPHEN	
STREET ADDRESS	10 TAMINGA AVE	
CITY-ST-ZIP	GLENUNGA AUSTRALIA SA -5064	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	BATCHELLER, LISA	
STREET ADDRESS	252 GLEN AVE	
CITY-ST-ZIP	VIENNA VA 22180	
TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	BLOUNT, KENNETH A.	
STREET ADDRESS	4130 MONUMENT CT #301	
CITY-ST-ZIP	FAIRFAX VA 22033	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Sparrow	
STREET ADDRESS	Address Above	
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Batcheller	
STREET ADDRESS	Address Above	
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		
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:

Lisa Batcheller REQUIRE BATCHELLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-00

703/968-0067

Date

Daytime Phone #

CR: 00413001