

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000001145

1. Entity Name  
WERNER CO.



Principal Place of Business  
93 WERNER ROAD  
GREENVILLE, PA 16125-9499

Mailing Address  
93 WERNER ROAD  
GREENVILLE, PA 16125-9499



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
25-1754435

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HEINER, DENNIS G 93 WERNER ROAD GREENVILLE, PA 161259499
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, THOMAS J 93 WERNER ROAD GREENVILLE, PA 16125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLOT, HOWARD L 93 WERNER ROAD GREENVILLE, PA 16125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC WERNER, DONALD M 93 WERNER ROAD GREENVILLE, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STADLER, CHRISTOPHER J 93 WERNER ROAD GREENVILLE, PA 161259499
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTCF FRIEND, LARRY V 93 WERNER ROAD GREENVILLE, PA 16125

04212004  
04-30-04 04-60053-023 180.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: **Larry V. Friend**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-04 (724) 588-8600

Date

Daytime Phone #