

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000002843**

1. Entity Name


LA FRANCE CORP.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90060 039 ***150.00

Principal Place of Business ONE LAFRANCE WAY CONCORDVILLE PA 19331-5002 US	Mailing Address ONE LAFRANCE WAY CONCORDVILLE PA 19331 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1478614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC TETI, JOHN J 8425 EXECUTIVE AVENUE PHILADELPHIA PA 19135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VICE CHAIRMAN (VC) ONE LAFRANCE WAY CONCORDVILLE, PA 19331-5002
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERONI, PETER 8425 EXECUTIVE AVENUE PHILADELPHIA PA 19135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			ONE LAFRANCE WAY CONCORDVILLE, PA 19331-5002
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC HELBEIN, GERROLD 8425 EXECUTIVE AVENUE PHILADELPHIA PA 19135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			SECRETARY, DIRECTOR (S/D) ONE LAFRANCE WAY CONCORDVILLE, PA 19331-5002
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELMIG, ROBERT 8425 EXECUTIVE AVENUE PHILADELPHIA PA 19135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			CONTROLLER, DIRECTOR (T/F) ONE LAFRANCE WAY CONCORDVILLE, PA 19331-5002
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRAR, GEORGE 8425 EXECUTIVE AVENUE PHILADELPHIA PA 19135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PRESIDENT (P) ONE LAFRANCE WAY CONCORDVILLE, PA 19331-5002
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TETI, JOSEPH A JR 8425 EXECUTIVE AVENUE PHILADELPHIA PA 19135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			ONE LAFRANCE WAY CONCORDVILLE, PA 19331-5002
			<input checked="" 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:  **PETER A. FLAMINI, JR** 4-13-00 610-361-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)