

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90268 046 ***150.00

DOCUMENT # F95000002843

1. Entity Name
LA FRANCE CORP.

Principal Place of Business
**ONE LAFRANCE WAY
 CONCORDVILLE PA 19331-5002
 US**

Mailing Address
**ONE LAFRANCE WAY
 CONCORDVILLE PA 19331-5002
 US**

041000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1478614**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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 _____ (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 VC Delete <input type="checkbox"/>	NAME TETI, JOHN J
STREET ADDRESS 1 LAFRANCE WAY	CITY-ST-ZIP CONCORDVILLE PA 19331-5002
TITLE V Delete <input type="checkbox"/>	NAME PERONI, PETER
STREET ADDRESS 1 LAFRANCE WAY	CITY-ST-ZIP CONCORDVILLE PA 19331-5002
TITLE SD Delete <input type="checkbox"/>	NAME HELBEIN, GERROLD
STREET ADDRESS 1 LAFRANCE WAY	CITY-ST-ZIP CONCORDVILLE PA 19331-5002
TITLE TD Delete <input type="checkbox"/>	NAME HELMIG, ROBERT
STREET ADDRESS 1 LAFRANCE WAY	CITY-ST-ZIP CONCORDVILLE PA 19331-5002
TITLE P Delete <input type="checkbox"/>	NAME BARRAR, GEORGE
STREET ADDRESS 1 LAFRANCE WAY	CITY-ST-ZIP CONCORDVILLE PA 19331-5002
TITLE C Delete <input type="checkbox"/>	NAME TETI, JOSEPH A JR
STREET ADDRESS 1 LAFRANCE WAY	CITY-ST-ZIP CONCORDVILLE PA 19331-5002

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-12-01** Daytime Phone # **610-361-4300**