2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004282

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90069 002 ***150.00

1. Entity Name

WILMAR INDUSTRIES, INC.

Principal Place of Business	Mailing Address
303 HARPER DR. MOORESTOWN NJ 08057	303 HARPER DR. MOORESTOWN NJ 08057-3229

D00J0449

DO NOT WRITE IN THIS SPACE

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 22-2232386 — Applied For / Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 $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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP ☐ Delete	TITLE	C ☒ Change ☐ Addition
NAME	GREEN, WILLIAM S	NAME	
STREET ADDRESS	303 HARPER DR.	STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ 08057	CITY-ST-ZIP	
TITLE	VS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GROSS, FRED B	NAME	
STREET ADDRESS	303 HARPER DR.	STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ 08057	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACQUET, ERNEST K	NAME	
STREET ADDRESS	PARTHENON CAPITAL 200 STATE ST.	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HANAKA, MARTIN	NAME	
STREET ADDRESS	303 HARPER DR	STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ	CITY-ST-ZIP	
TITLE	CFO ☐ Delete	TITLE	T ☒ Change ☐ Addition
NAME	TOOMEY, MICHAEL	NAME	
STREET ADDRESS	303 HARPER DR.	STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ 08057	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILSON, DONALD	NAME	
STREET ADDRESS	303 HARPER DR	STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ	CITY-ST-ZIP	

CR2E034 (9/99)

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 asterisk, with all other like empowered.

SIGNATURE: Michael Toomey 5/1/00 (856) 439-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #