

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90073 026 ***150.00

DOCUMENT # F96000002163

1. Entity Name

REMINGTON ARMS COMPANY, INC.

Principal Place of Business

**870 REMINGTON DR
MADISON NC 27025
US**

Mailing Address

**P O BOX 700
MADISON NC 27025
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0350935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 \$150.00
After May 1, 2002 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 **D** ☐ Delete
NAME **HOWE, HUBBARD C**
STREET ADDRESS **8175 S VIRGINIA STREET STE 850-325**
CITY-ST-ZIP **RENO NV 89511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DCEO** ☐ Delete
NAME **MILLNER, THOMAS L**
STREET ADDRESS **870 REMINGTON DR**
CITY-ST-ZIP **MADISON NC 27025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BECHTEL, STEPHEN D JR.**
STREET ADDRESS **45 FREEMONT ST., 3RD FL., STE. 300**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Thomas E. Ireland**
CITY-ST-ZIP **375 Park Avenue, 18th Floor**

TITLE **D** ☐ Delete
NAME **BROWN, BOBBY R**
STREET ADDRESS **9 MARBIAS PLACE**
CITY-ST-ZIP **LITTLE ROCK AR 72211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **New York, NY 10152**

TITLE **C** ☐ Delete
NAME **HENDRIX, LEON J**
STREET ADDRESS **375 PARK AVE -18TH FLR**
CITY-ST-ZIP **NEW YORK NY 10152**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **340 Surfsong Road**
CITY-ST-ZIP **Kiawah Island, SC 29455**

TITLE **D** ☐ Delete
NAME **GILLELAND, RICHARD A**
STREET ADDRESS **2829 TOWNSGATE RD., STE. 101**
CITY-ST-ZIP **WESTLAKE VILLAGE CA 91361**

TITLE ☐ Change ☐ 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:

Richard A. Gillem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

336-548-8503

Daytime Phone #

CR2E034 (9/01)