

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002995

1. Entity Name

PRO ASSOCIATES, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90029 046 \*\*\*550.00

Principal Place of Business

Mailing Address

8170 ADAMS DR.  
HUMMELSTOWN PA 17036

8170 ADAMS DR.  
HUMMELSTOWN PA 17036-8647



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

25-1587282

Applied For

Not Applicable

Zip

Country

Zip

Country

90048

USA

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

WOHLUST, G. CHARLES  
230 LOOKOUT PLACE  
MAITLAND FL 32751

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 NAME STREET ADDRESS CITY-ST-ZIP	CP LILLEY, ROBERT D 736 PINE TREE ROAD HUMMELSTOWN PA 17036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LILLEY, BRYAN S 736 PINE TREE ROAD HUMMELSTOWN PA 17036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HANAWALT, RALPH W RR1 BOX 2040 MCALISTERVILLE PA 17049	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN KEVIN HAND 40 BERNARD ST, MEZZ FL LONDON WC1N 1LW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO - UK DAVID GRIGSON BAINTON FARMHOUSE, TALLINGTON RD BAINTON, STAMFORD PE9 3AE UK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO - EMAP USA INC TOM MOLONEY 222 RIVERSIDE DR NEW YORK, NY 10025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO - EMAP USA, INC JOHN BAILLIE 455 18TH ST SANTA MONICA, CA 90402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEVEN PARR 2 MAGNOLIA CT MORRISTOWN, NJ 07960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

*John Baillie* JOHN BAILLIE

5/18/00

(323) 782-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (1/99)