

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90030 028 \*\*\*150.00

**DOCUMENT # F96000003797**

1. Entity Name  
**KELLER LADDERS, INC.**

Principal Place of Business

Mailing Address

2200 W COMMERCIAL BLVD  
 SUITE 202  
 FT LAUDERDALE FL 33309  
 US

C/O US INDUSTRIES INC  
 PO BOX 169  
 ISELIN NJ 08830-0169  
 08

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3450761**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ 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.  (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	<b>PCEO</b> <b>KEUP, RICK E</b> <b>C/O O AMES CO 3801 CAMDEN AVE</b> <b>PARKERSBURG WV 26101-6334</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>MCPARTLAND, JOSEPH P</b> <b>230 HALF MILE RD</b> <b>REDBANK-NJ-07701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BARRE, STEVEN C</b> <b>101 WOOD AVE S</b> <b>ISELIN NJ 08830</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD</b> <b>MACLEAN, GEORGE H</b> <b>% 101 WOOD AVENUE SOUTH</b> <b>ISELIN NJ 08830</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>EDWARDS, JOHN B</b> <b>101 WOOD AVE S</b> <b>ISELIN NJ 08830</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman and Director</b> <b>Craig C. Seargeant</b> <b>c/o USI Hardware &amp; Tools, 230 Half Mile Road</b> <b>Red Bank, NJ 07701</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President &amp; Assistant Secretary</b> <b>Steven C. Barre</b> <b>c/o U.S. Industries, Inc. 101 Wood Ave. So.</b> <b>Iselin, NJ 08830-0169</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>George H. MacLean</b> <b>c/o U.S. Industries, Inc., 101 Wood Ave., So.</b> <b>Iselin, NJ 08830-0169</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President &amp; Secretary</b> <b>Alan Schutzman</b> <b>Keller Ladders, Inc.</b> <b>2200 W. Commercial Blvd.</b> <b>Ft. Lauderdale, FL 33309</b>	<input type="checkbox"/> Change <input checked="" 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 B. Edwards*  
**John B. Edwards, Assistant Secretary**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (732)767-2243  
 Date Daytime Phone #

CR2E034 (9/99)