

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90390 049 \*\*\*150.00

**DOCUMENT # F97000001387**

1. Entity Name

**GENERAL NUTRITION GOVERNMENT SERVICES, INC.**

Principal Place of Business

Mailing Address

300 SIXTH AVENUE  
 PITTSBURGH, PA 15222

ATTN: TAX DEPT.  
 300 SIXTH AVENUE  
 PITTSBURGH, PA 15222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1797015

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 STE 105  
 TALLAHASSEE, FL 32301-2525

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

04/19/01

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, 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	CEO/D	<input type="checkbox"/> Delete
NAME	GREGORY T. HORN	
STREET ADDRESS	300 6TH AVENUE	
CITY - ST - ZIP	PITTSBURGH, PA 15222	
TITLE	P	<input type="checkbox"/> Delete
NAME	MICHAEL K. MEYERS	
STREET ADDRESS	300 6TH AVENUE	
CITY - ST - ZIP	PITTSBURGH, PA 15222	
TITLE	EVP/CFO/D	<input type="checkbox"/> Delete
NAME	DAVID R. HEILMAN	
STREET ADDRESS	300 6TH AVENUE	
CITY - ST - ZIP	PITTSBURGH, PA 15222	
TITLE	VP/S/D	<input type="checkbox"/> Delete
NAME	JAMES M. SANDER	
STREET ADDRESS	300 6TH AVENUE	
CITY - ST - ZIP	PITTSBURGH, PA 15222	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RONALD M. MARMO	
STREET ADDRESS	300 6TH AVENUE	
CITY - ST - ZIP	PITTSBURGH, PA 15222	
TITLE	AT	<input type="checkbox"/> Delete
NAME	J. KENNETH FOX	
STREET ADDRESS	300 6TH AVENUE	
CITY - ST - ZIP	PITTSBURGH, PA 15222	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Ronald M. Marmo* **RONALD M. MARMO**

04/19/01 412-288-2032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #