

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90076 042 ***150.00

DOCUMENT # F97000001390

1. Entity Name
REESE ENGINEERING, INC.

Principal Place of Business

**44 COOK ST #800
 DENVER CO 80206**

Mailing Address

**44 COOK ST #800
 DENVER CO 80206**

2. Principal Place of Business

720 S. Atherton St

3. Mailing Address

720 S. Atherton St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

State College Pa

City & State

State College Pa

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

16801

Country

Centre

Zip

16801

Country

Centre

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

TITLE **PP** ☐ Delete
 NAME **REESE, JOHN D**
 STREET ADDRESS **720 S. ATHERTON ST**
 CITY-ST-ZIP **STATE COLLEGE PA 16801**

TITLE **P** ☐ Delete
 NAME **LEE, MICHAEL J**
 STREET ADDRESS **300 ALLEN STE 402**
 CITY-ST-ZIP **STATE COLLEGE PA 16801**

TITLE **P** ☐ Delete
 NAME **HACKMAN, JAMES A**
 STREET ADDRESS **720 S. ATHERTON ST**
 CITY-ST-ZIP **STATE COLLEGE PA 16801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **702 S. Atherton St**
 CITY-ST-ZIP **State College Pa 16801**

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.16.02

Date

814-234-2548

Daytime Phone #

CR2E034 (9/01)