

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004027

1. Entity Name  
BIRD PRODUCTS CORPORATION OF CALIFORNIA



Principal Place of Business  
1100 BIRD CENTER DRIVE  
PALM SPRINGS CA 92262  
US

Mailing Address  
1100 BIRD CENTER DRIVE  
PALM SPRINGS CA 92262  
US

2. Principal Place of Business

3. Mailing Address

227 Washington St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Conshohocken PA

Zip

Country

Zip

Country

19428

US

4. FEI Number 05-1507920 33-0061570

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME VAN DEN BERG, TEUNIS T  
STREET ADDRESS 227 WASHINGTON STREET, STE. 200  
CITY-ST-ZIP CONSHOHOCKEN PA 19428

TITLE PD ☐ Change ☒ Addition  
NAME EDWARD PULVER  
STREET ADDRESS 227 WASHINGTON STREET, STE 200  
CITY-ST-ZIP CONSHOHOCKEN, PA 19428

TITLE V ☐ Delete  
NAME EISERMAN, DALE R  
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200  
CITY-ST-ZIP CONSHOHOCKEN PA 19428

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

TITLE V ☐ Delete  
NAME VIRGIN, KIM A  
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200  
CITY-ST-ZIP CONSHOHOCKEN PA 19428

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

TITLE S ☐ Delete  
NAME GALVIN, MARTIN P  
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200  
CITY-ST-ZIP CONSHOHOCKEN PA 19428

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

TITLE T ☐ Delete  
NAME REIMER, WESLEY N  
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200  
CITY-ST-ZIP CONSHOHOCKEN PA 19428

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

TITLE D ☒ Delete  
NAME ROSS, WILLIAM B  
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200  
CITY-ST-ZIP CONSHOHOCKEN PA 19428

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME RANDY THURMAN  
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200  
CITY-ST-ZIP CONSHOHOCKEN, PA 19428

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wesley N. Reimer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/03  
Date

610-862-0800  
Daytime Phone #

0670562 AB

CR2E034 (10/02)