

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000000044**1. Entity Name
IREX CORPORATION

Principal Place of Business

120 NORTH LIME STREET

LANCASTER
17602

PA

Mailing Address

120 NORTH LIME STREET

LANCASTER
17602

PA

2. Principal Place of Business

120 NORTH LIME STREET

3. Mailing Address

120 NORTH LIME STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LANCASTER

PA

City & State

LANCASTER

PA

Zip
17602Country
USZip
17602Country
US

4. FEI Number

23-1712949

Applied For

Not Applicable

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 ROADPLANTATION
33324

US

FL

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)

01/05/2001

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	D	<input type="checkbox"/> Delete
NAME	KLEINMAN D.C	
STREET ADDRESS	120 NORTH LIME STREET	
CITY-ST-ZIP	LANCASTER PA 17602	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDGE J.M	
STREET ADDRESS	120 NORTH LIME STREET	
CITY-ST-ZIP	LANCASTER PA 17602	
TITLE	T	<input type="checkbox"/> Delete
NAME	PICKELL L. A	
STREET ADDRESS	120 NORTH LIME STREET	
CITY-ST-ZIP	LANCASTER PA 17602	
TITLE	V	<input type="checkbox"/> Delete
NAME	PINKERTON J. E	
STREET ADDRESS	120 NORTH LIME STREET	
CITY-ST-ZIP	LANCASTER PA 17602	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HIPOLIT J. E	
STREET ADDRESS	120 NORTH LIME STREET	
CITY-ST-ZIP	LANCASTER PA 17602	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LIDDELL W. K	
STREET ADDRESS	120 NORTH LIME STREET	
CITY-ST-ZIP	LANCASTER PA 17602	

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: L. A. PICKELL

T

01/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)