

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000558

1. Entity Name

NXLD COMPANY

Principal Place of Business

Mailing Address

1013 CENTRE ROAD  
WILMINGTON DE 19805

1013 CENTRE ROAD  
WILMINGTON DE 19805-1265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2072853

Applied For

Not Applicable

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  
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

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, 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 VD  
NAME SIDMAN, TOM  
STREET ADDRESS 1013 CENTRE ROAD  
CITY-ST-ZIP WILMINGTON DE ☐ Delete

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

TITLE S  
NAME ZULAGER, RIED  
STREET ADDRESS 1013 CENTRE ROAD  
CITY-ST-ZIP WILMINGTON DE ☒ Delete

TITLE SECRETARY  
NAME CHRISTIE HILL  
STREET ADDRESS 1013 CENTRE RD.  
CITY-ST-ZIP WILMINGTON, DE 19805 ☐ Change ☒ Addition

TITLE SH  
NAME SHINDLER, STEVEN  
STREET ADDRESS 1013 CENTRE ROAD  
CITY-ST-ZIP WILMINGTON DE 19805 ☐ Delete

TITLE VP & CFO  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME BEGEMAN, GARY  
STREET ADDRESS 1013 CENTRE ROAD  
CITY-ST-ZIP WILMINGTON DE ☒ Delete

TITLE VP-TAX  
NAME BRIAN DAVIS  
STREET ADDRESS 1013 CENTRE ROAD  
CITY-ST-ZIP WILMINGTON, DE 19805 ☐ Change ☒ Addition

TITLE VP  
NAME AGNES, LYNN  
STREET ADDRESS 1013 CENTRE ROAD  
CITY-ST-ZIP WILMINGTON DE 19805 ☐ Delete

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

TITLE PD  
NAME O'BRIEN, MORGAN  
STREET ADDRESS 1013 CENTRE ROAD  
CITY-ST-ZIP WILMINGTON DE 19805 ☐ Delete

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

BRIAN DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 703-433-4000

Date

Daytime Phone #

FILED  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90113 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE