

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90105 028 ***150.00

DOCUMENT # F98000000934			
1. Entity Name PS AMERICA, INC.			
Principal Place of Business P.O. BOX 175, ONE POTTER RUN ROAD VOLANT PA 16156		Mailing Address P.O. BOX 175, ONE POTTER RUN ROAD VOLANT PA 16156-0175	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TRAWEEK, JAMES W 2255 CRESCENT DR. MT. DORA FL 32757		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			



DO NOT WRITE IN THIS SPACE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAWEEK, JAMES W		NAME		
STREET ADDRESS	2255 CRESCENT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL 32757		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARETT, JOHN T		NAME		
STREET ADDRESS	P. O. BOX 98, ONE POTTER RUN RD		STREET ADDRESS	PO BOX 98, 425 MERCER ST.	
CITY-ST-ZIP	VOLANT PA 16156		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARETT, CRAIG R		NAME		
STREET ADDRESS	P. O. BOX 98, ONE POTTER RUN RD.		STREET ADDRESS	PO BOX 98, 425 MERCER ST.	
CITY-ST-ZIP	VOLANT PA 16156		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, WALLACE		NAME		
STREET ADDRESS	P.O. BOX 98, ONE POTTER RUN RD.		STREET ADDRESS	PO BOX 98, 425 MERLER ST	
CITY-ST-ZIP	VOLANT PA 16156		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VICE-PRESIDENT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WILLIAM L. NESBITT	
STREET ADDRESS			STREET ADDRESS	PO BOX 98, 425 MERLER ST.	
CITY-ST-ZIP			CITY-ST-ZIP	VOLANT, PA 16156	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: WILLIAM L. NESBITT **REQUIRED** 4-25-00 724-533-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #