

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004093

1. Entity Name

GREENSTONE INDUSTRIES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90151 031 ***150.00

Principal Place of Business

Mailing Address

6500 ROCK SPRING DR., STE. 400
BETHESDA MD 20817

6500 ROCK SPRING DR., STE. 400
BETHESDA MD 20817-1105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

82-0496333

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ROMAINE, TAMARA
15305 NW 5TH AVE.
NEW BERRY FL 32669

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 C ☐ Delete
NAME SUWYN, MARK A
STREET ADDRESS 4300 US BANCORP TOWER, 111 SW 5TH AVE.
CITY-ST-ZIP PORTLAND OR 97204

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

TITLE D ☐ Delete
NAME STEVENS, CURTIS M
STREET ADDRESS 4300 US BANCORP TOWER, 111 SW 5TH AVE.
CITY-ST-ZIP PORTLAND OR 97204

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

TITLE PCEO ☐ Delete
NAME PRICE, WAYNE
STREET ADDRESS 6500 ROCK SPRING DR., STE. 400
CITY-ST-ZIP BETHESDA MD 20817

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

TITLE SCFO ☒ Delete
NAME BERNARDI, JOHN R
STREET ADDRESS 6500 ROCK SPRING DR., STE. 400
CITY-ST-ZIP BETHESDA MD 20817

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME STEVE GERBER
STREET ADDRESS 6500 ROCK SPRING DR #400
CITY-ST-ZIP BETHESDA, MD 20817

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME ANTON KIRCHHOF
STREET ADDRESS 4300 US BANCORP TOWER, 111 SW 5TH AVE
CITY-ST-ZIP PORTLAND, OR 97204

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)