

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004996

1. Entity Name
AUSTENAL, INC.



FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90097 005 ***150.00

Principal Place of Business
5101 S. KEELER AVENUE
CHICAGO IL 60632

Mailing Address
5101 S. KEELER AVENUE
CHICAGO IL 60632

2. Principal Place of Business
570 West College Avenue
Suite, Apt. #, etc.
C/O Tax Department
City & State
York, PA
Zip
17404
Country
United States

3. Mailing Address
570 West College Avenue
Suite, Apt. #, etc.
C/O Tax Department
City & State
York, PA
Zip
17404
Country
United States



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-3826214
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 ROAD
PLANTATION FL 33324

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

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

| | | |
|----------------|-------------------------|--|
| TITLE | CEO | <input type="checkbox"/> Delete |
| NAME | MILES, JOHN C | |
| STREET ADDRESS | 570 W. COLLEGE AVENUE | |
| CITY-ST-ZIP | YORK PA 17405 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | KUNKLE, GARY K | |
| STREET ADDRESS | 570 W. COLLEGE AVENUE | |
| CITY-ST-ZIP | YORK PA 17405 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | JELLISON, WILLIAM R CFO | |
| STREET ADDRESS | 570 W. COLLEGE AVENUE | |
| CITY-ST-ZIP | YORK PA 17405 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ROOS, HENRICK J | |
| STREET ADDRESS | 570 W. COLLEGE AVENUE | |
| CITY-ST-ZIP | YORK PA 17405 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | LEHNER, RUDOLF | |
| STREET ADDRESS | 570 W. COLLEGE AVENUE | |
| CITY-ST-ZIP | YORK PA 17405 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | WESTON, WILLIAM W | |
| STREET ADDRESS | 570 W. COLLEGE AVENUE | |
| CITY-ST-ZIP | YORK PA 17405 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | D=Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | York, PA 17404 | |
| CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gary Berg | |
| STREET ADDRESS | 570 West College Avenue | |
| CITY-ST-ZIP | York, PA 17404 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Steven E. Jenson | |
| STREET ADDRESS | 570 West College Avenue | |
| CITY-ST-ZIP | York, PA 17404 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | York, PA 17404 | |
| CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Brian M. Addison | |
| STREET ADDRESS | 570 West College Avenue | |
| CITY-ST-ZIP | York, PA 17404 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William E. Reardon | |
| STREET ADDRESS | 570 West College Avenue | |
| CITY-ST-ZIP | York, PA 17404 | |

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:

William E. Reardon
REQUIRED

September 10, 2003 717-845-7511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#
80147596
F98060004996

DENTSPLY

DENTSPLY International
570 West College Avenue
P.O. Box 872
York, PA 17405-0872
(717) 845-7511
Fax (717) 849-4762

September 10, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Late Fee Waiver Request

To Whom It May Concern:

Please find enclosed Austenal, Inc.'s 2003 Uniform Business Report originally due May 1, 2003 as well as a check in the amount of \$150.00. You will note that this is the amount of the original filing fee without the late payment penalty. Our corporation recently purchased Austenal, Inc. Due to the shutdown of Austenal's operations in Chicago, our corporate headquarters never received the prior notice to file this report. I have enclosed a copy of the mailing information for the second notice that was forwarded to us as evidence of the change in address. We are filing this return to maintain compliance with the Florida Department of State's regulations. Therefore, I am requesting an abatement of the late filing fee assessed to Austenal, Inc.

If you should have any questions or require additional information, please do not hesitate to contact me at 717-845-7511.

Sincerely,



William E. Reardon
Treasurer

Enclosures