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2001 UNIFORM BUSINESS REPORT (UBR)

Sep 06, 2001 8:00 am Secretary of State **DOCUMENT #** F98000005338 1. Entity Name HERZOG-HART CORP. 09-06-2001 90053 016 ***550.00 Principal Place of Business Mailing Address 1110 MONTLIMAR DRIVE 1110 MONTLIMAR DRIVE MOBILE AL 36609 MOBILE AL 36609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2535140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE (5/01) ☐ Change ☐ Addition GIORGIO, ROBERT J NAME NAME STREET ADDRESS 2 CARLY CT STREET ADDRESS CITY-ST-ZIP VOORHEES NJ 08043 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME SEIDERS, JOSEPH R NAME STREET ADDRESS 11 BUNKER HILL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON CROSSING PA 18977 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAGLE, ARLINGTON A JR NAME STREET ADDRESS 575 BUCKSTONE DR STREET ADDRESS CITY-ST-ZIP SOUTHAMPTON PA 18966 CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME GIANNONE, RICHARD G NAME STREET ADDRESS 1000 GLENDEVON DR STREET ADDRESS CITY-ST-ZIP AMBLER PA 19002 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BACKES, JAMES NAME STREET ADDRESS 1110 MONTLIMAR DR STREET ADDRESS CITY-ST-ZIP MOBILE AL 36609 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUBACKER, KEN NAME NAME STREET ADDRESS 1110 MONTLIMAR DRIVE STREET ADDRESS MOBILE AL 36609 CITY-\$T-ZIP 13. Thereby 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

(251) 304-0100