

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005849

1. Entity Name

WHOLESALE RADIATOR WAREHOUSES OF AMERICA, INC.

F98000005849

FILED

00 OCT 18 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 80 VERONICA AVENUE SOMMERSET NJ 08873		Mailing Address SECRETARY'S OFFICE FORD MOTOR CO. THE AMERICAN RD DEARBORN MI 48121 US	
2. Principal Place of Business		3. Mailing Address FORD Motor Company Suite, Apt. #, etc. The American Rd, Rm. 612 City & State Dearborn, MI Zip 48121	
City & State	Country	City & State	Country

4. FEI Number 16-1549977	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	
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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 reinstalling)

DATE

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD HARDER, PAUL J 56230 OLD LAKESHORE ROAD LAKEVIEW NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARICO JR, ANTHONY 17 PEPPERMINT HILL ROAD NORTH BRUNSWICK NJ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNEDY, JEFF 2775 BROADWAY SUITE 6 BUFFALO NY 14227-1060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERRY, PETER JR 2775 BROADWAY SUITE 6 BUFFALO NY 14227-1060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PETACH, ANN MARIE 2775 BROADWAY SUITE 6 BUFFALO NY 14227-1060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ann Marie Petach* Ass't Treasurer 4/17/00 38-390-5844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)

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**WHOLESALE RADIATOR WAREHOUSES OF AMERICA, INC.**

**Officers:**

Paul J. Harder	Chief Executive Officer
Anthony Arico	President
Jeffrey Kennedy	Treasurer
Ann Marie Petach	Assistant Treasurer
Peter Sherry, Jr.	Secretary

**Directors:**

David Peace  
Gerald Moorehead  
Paul J. Harder  
David Enstone  
Albert Tervaion